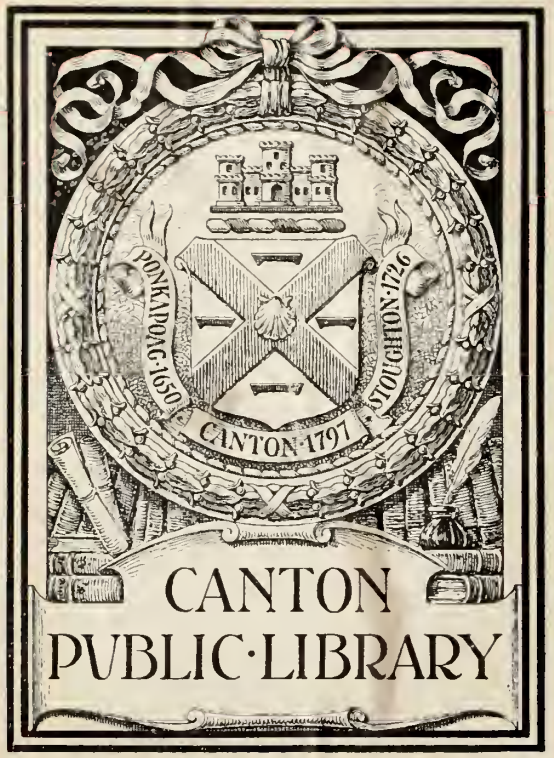

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CANTON MASSACHUSETTS

WORLD WAR RECORDS

CANTON, MASSACHUSETTS

1917-1918

VOLUME I — A-J

ROLL OF HONOR

VOLUME I

Sergeant Edward J. Beatty
Private Patrick J. Cronin
Corporal Ettore Delvecchio
First Lieutenant Allan W. Douglass
Regimental Supply Sergeant Josiah Fuller
Private Pietro Gallo
Wagoner Albert H. Gavigan
Corporal Leo V. Gray
Nurse Helen Homans
Private George H. Horton

VOLUME II

Corporal William P. Monahan
Private George St. George
Private John G. Shaw
Sergeant Arthur W. Thomas

RETURNED FROM THE WORLD WAR

VOLUME I

Private Kaney T. Adamchuk
Cook Joseph Burgess Amado, Jr.
Private Zigmas Antanewisus
Private Frederick A. Arthur
Sapper Harry B. Baldwin
Wagoner David A. Barnie
Nurse Ruth Bennett
Private Louis H. Blanc
Sergeant Wilmot J. Bowerman
Private Robert N. Bowley
Private Ralph B. Bowmar
Sergeant Ralph E. Briggs
Private Louis Brightman
Corporal Leo V. Briody
Private George F. Broderick
Private John J. Brown
Nurse Marion N. Brown
Radio Electrician Roy G. Brown
First Lieutenant Lucas I. Bruns
Private Albert W. Bryan, Jr.
Private Horace A. Buckler
Machinist's Mate Timothy S. Buckley
Ensign Phillip V. Burt
Major Samuel Cabot
Engineman William J. Calhoun
Yeowoman Florence R. Capen
First Lieutenant George P. Capen
Private Howard B. Capen
Boatswain's Mate Oscar D. Capen, Jr.
Seaman Amielo Caridu
Private John T. Carney
Private Gerald A. Carr
Sergeant John L. Carroll
Private Joseph F. Carroll
Nurse Helen K. Chadwick
Ensign Henry C. Clayton
Captain Lawrence L. Clayton
Private Bernard L. Clerkin
Private Edward F. Clinton
Private Franklin B. Cobb
Private John Coda
Private Max Cohen
Sergeant William J. Connors
Sergeant Harold A. Corey
Seaman Arthur G. Craig
Private Timothy J. Crean
Private Willis N. Croft
Private Daniel E. Crowd
Private David C. Crowd
Private David Crowley
Seaman John F. Crowley, Jr.
Private John P. Cunningham
Gunner's Mate Joseph F. Cunningham
Quartermaster R. Sinclair W. Curra

Sergeant Edward J. Curran
Private James J. Curran
Private William F. Curtis
Private J. Herbert E. Cushman
First Lieutenant Raymond W. Cushman
Private Robert G. Cushman
Private Thomas W. Daggett
Electrician Emil A. Dahlke
Private William F. Dailey
Private Robert V. Dallahan
Private Augustine P. Daly
Sergeant Clifford W. Daly
Battalion Sergeant Major J. Oliver Daly
Chief Yeoman Joseph J. Daly
Corporal George I. Dana
Private Joseph P. Danahy
Sergeant Thomas P. Danahy
Private Walter Dardano
Sergeant Roger B. Davenport
Nurse Glenna Debison
Seaman Amaden DeCarvallio
Private Fiorenzo Delvecchio
Private Joseph Dimars
Cook Loreto Dimascio
Quartermaster Wilfred E. Dings
Quartermaster James A. Dockray
Corporal Stanley H. Dodge
Private Patrick J. Donahue
Seaman George A. Doody
Sergeant James Doody
Ensign James V. Duffin
First Lieutenant Donald N. Dunbar
Sergeant John J. Dunn
Private Charles L. Dykeman
Nurse Gertrude V. Eastman
Private John E. Ellery
Wagoner Charles K. Endicott
Mechanic Arthur E. Estey
Wagoner Richard Farrow
Second Lieutenant D. Fraser Farwell
Corporal Joseph Fecteau
Private Stewart D. Fee
Second Lieutenant Jesse K. Fenno
Army Field Clerk John F. Finn
Private Leo F. Flanagan
Corporal Daniel J. Flood
Sergeant Major William H. Flood
Ordnance Sergeant Kenneth H. Foskett
Nurse Dorothy Fox
Machinist's Mate William E. Fox
Private Louis Freedman
Private Eliot C. French
Sergeant William C. French
Corporal Leo J. Galligan
Yeoman Thomas J. Galligan
Private Harold L. Garland
Seaman Joseph E. Garland
Corporal James Garzara
Sergeant Francis J. Gavagan
Private Joseph P. Gee
Private Frank Goncalves
Private Philip Gorman

Private William W. Goss
Private Thomas Grafton, Jr.
Sergeant Edmund A. Gray
Private J. Henry Gray
Wagoner Herbert H. Guild
Gunner's Mate James W. Hagan
Private Leon T. Haley
Private George W. Harrington
Private Joseph F. Harrington
Corporal William J. Haverty
Sergeant George V. Healy
Corporal Gerald J. Healy
Boatswain's Mate John F. Healy
Storekeeper Walter L. Heinemann
First Lieutenant Lawrence Hemenway
Private Alfred Hemmingsen
Private Edwin J. Hill
Private Francis T. Hill
Captain William P. Homans
Private Thomas J. Hopkins
Private Thomas Horgan, Jr.
Chief Quartermaster Louis E. Howard
Private Alfred E. Hughes
Private John C. Hughes
Private Thomas L. Hughes
Private George H. Hunt
Second Lieutenant Frederick A. Jenks
Sergeant Angelo C. Johnson
Chief Carpenter's Mate Walter H. Johnson
Private John J. Joyce

VOLUME II

Seaman Morris Kabakow
Seaman Charles Karsupski
Private Henry J. Karsupski
Private Frank Kehoe
Private Wilder E. Kelle
Private Cornelius E. Kelleher
Private Cornelius J. Kelleher
First Lieutenant Lysander S. Kemp
Wagoner Frank L. Kendall
Corporal Frank M. Kenefic
Seaman Thomas A. Kennally
Sergeant William C. Kennally
Second Engineman Edward P. Kenney
Corporal Charles H. Kinne
Private John F. Lake
Nurse Glorinah Lebens
Private James N. Lechas
Corporal Daniel F. Lehan
Private Florence Lehan
Seaman T. Joseph Lehan
Private Maurice Lemkin
Nurse Alotta M. Lentell
Private Benjamin R. Lentell
Private Prescott W. Lentell
Private Cyril S. Lewis
Private David H. Linder
Cadet John F. Linder, Jr.
Private Melvin R. Logan

Private Russell W. Lowry
Captain Dean S. Luce
Private Edward Lukaszewicz
Major Henry Lyman
Private Edward J. Lynch
Sergeant Joseph H. Lyons
Gunner James E. McAloney
Private Patrick R. McCabe
Corporal Patrick J. McCormick
Private Francis L. McDermott
Private Henry M. McDermott
Driver Robert S. McDowall
Regimental Sergeant Major Francis X. McEnaney
Private Charles F. McKenna
Captain Peter G. McKenna
Sergeant John W. McLean
Private Francis J. McManus
Private Henry L. McMorrow
Yeoman James L. McMorrow
American Field Service Edward P. McMurtry
Major William E. McPherson
First Sergeant Michael J. McSweeney
First Lieutenant Chaplain Dennis J. Maguire
Drummer Alec K. Marsden
Cook William Marshall
Private Rocco Meninno
Private Harold W. Merriam
Private Harry L. Mittell
Private Francha Mongini
Private Peter Mongini
Private Fred E. Morrison
Private Daniel I. Murphy
Fireman Michael P. Murphy
Electrician Michael J. Murray
Coxswain Thomas H. J. Murray
Wagoner W. Roy Nichols
Sergeant George A. O'Brien
Sergeant John J. O'Brien
Private George W. O'Connell
Private John H. O'Neill
Corporal Stanley J. Oldziesky
Musician Emil T. Olsen
Gunner J. Frederic Olsen
Private Giovanni Paradiso
Private Samuel Perry
Private Guiseppe Perzechino
Captain Reuel A. Pierce
Private Carlo Porcaro
Private Cesare Porcaro
Private Victor Pozzo
Second Lieutenant Alvin W. Quennell
Private Patrick Quinn
Private Pasquale Rastelli
Sergeant Allen J. Reardon
Sergeant Florence C. Reardon
Sergeant James F. Reardon
Private Howard F. Richards
Seaman Louis Richards
First Lieutenant John Richardson
Private George Robertson
Corporal Dona R. Robie
Cook Norman L. Robinson

Private Edward J. Rockett
Corporal James E. Rogers
Seaman Stanislaw Romanowski
Corporal Samuel Rosenblatt
Sergeant William C. Russell
Sergeant Francis A. Ryan
Seaman Philip E. Sadler
Private Charles St. George
Chief Yoeman Malcolm A. Sanford
Sergeant Ernest Seaman
Private Nochem Semer
Sergeant Russell W. Shaw
Sergeant John F. Shea
Private David W. Sheehan
Private William S. Shorter
Private Clayton C. Sidelinger
Corporal William Simons
Private Charles W. Simpson
Private James L. Skehan
Battalion Sergeant Major John M. Skehan
Chief Yoeman Clarence L. Southworth
Regimental Sergeant Major Karl Standish
Sergeant Everett G. Stevens
Sergeant Charles F. Stewart
Private Ira L. Stoddard
Sergeant James Stott
Private Harold E. Strickland
Seaman Larra T. Sumner
Seaman Edward Swardlick
Chief Yoeman Calvert J. Sweet
Private W. Ellery Sweet
Private Joseph Swiskne
Captain Sherwood H. Taber
Private Arthur J. Taylor
Major William N. Tenney
Wagoner George E. Thomas
Electrician Walter F. Titus
Ensign Gilbert Tolman, Jr.
Nurse Villa M. Treffrey
Private Nicholas G. Tsonos
Private John J. Veale
Corporal Thomas F. Walsh
Chief Carpenter's Mate William F. Ward
Corporal George F. Weckbacher
Coxswain James L. Weldon
Musician Norman A. Wells
Private Herbert H. Wenesky
Private Chester T. Wentworth
Water Tender William J. White
Sergeant Thomas E. Whitty
Corporal William L. Whitty
Sergeant James R. Wild
Shipfitter Edward A. Williams
Torpedo Gunner Lester S. Wilson
Lieutenant Harold L. Winslow
Ensign Leonard P. Wolfe
Carpenter's Mate David Wood
Private Battisla Zanazzo

GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Kaney T. Adamchuck
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Kaney T. Adamchuck
AS APPEARS ON THE SERVICE ROLL

Date of Birth May 22, 1897
DAY MONTH YEAR

Place of Birth Derazni Wol. Russia
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 26 Revere St., Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 35 Sawtelle Ave Brockton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted.

Date and Place of Enlistment August 22, 1917, Boston, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Aug. 22, 1917

Give Government Identification Tag Number 2300806

Co., Regt., Ship, or Service, First Assigned to and Date Co. K. 49th Infantry

Other Regiments, Ships or Branches of Services, Transferred to and Dates Co D 111th Inf.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Merritt, Tenafly, N. J.
and overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....
Yes: American Expeditionary Force, Overseas

If so, Date and Ship from the United States or Canada "Regina De Italia" U. S.

Port Sailed From for Overseas Hoboken, New Jersey

Date of Arrival Overseas .....

Port of Arrival Overseas Brest, France

Date and Ship Sailed Returning Home April 1, 1919 "Minnesota"

Port Sailed from Returning Home Saint Nazaire

Date of Arrival from Overseas .....

Place of Arrival in United States New York

Important Places Where Stationed Overseas Paris, La Monse, Brest Grenoble, Dizon, St. Michiel, Tours, Toul.

Participated in What Battles and Dates of Same
Chateau Thierry, Aug. 1918
Argonne Forest, Sept 23-Oct 1, 1918

Wounded or Other Injuries Received in Action, Place and Date At Argonne Forest, Oct 1, 1918, wounded by machine gun bullet in arm, leg, and shoulder.

If Confined in Hospital, During What Time and Place
Base Hospital 30, near Paris

If Prisoner by Enemy, Date and Place of Capture .....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

When Discharged from Service May 4, 1919

Where Discharged from Service Camp Dix, New Jersey

For What Reason Discharged from Service .....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Rubber Worker.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).....Julia Bradofsky

Date and Place of Marriage to Wife (or Wives).....Nov. 27, 1919 Brockton, Mass.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Trofiva Adamchuck, Russia.

Name of Mother and Place of Residence.....Catherine " Russia.

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....No.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....135 lbs.....

Your Height in Feet and Inches.....5' 4"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Light Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Joseph Senoch, 27 Intervale St, Brockton, Mass

Michael Smith, Porter St, Brockton, Mass

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Joseph Burgess Amado
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth
DAY MONTH YEAR

Place of Birth
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 492 Washington, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number 3145905

Co., Regt., Ship, or Service, First Assigned to and Date
Co. H. 3rd Development Battalion.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Cook

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
Camp Devens, Ayer, Mass.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Zigmas Antanewisius
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Zigmas Antanewisius
AS APPEARS ON THE SERVICE ROLL

Date of Birth 1891
DAY MONTH YEAR

Place of Birth Russia
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 130 Mechanic St, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 134 Broadway, South Boston, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Sept 20, 1917. Canton

Date and Place Where Mustered In or Reported for Duty Sept 26, 1917

Give Government Identification Tag Number 165 8 336

Co., Regt., Ship, or Service, First Assigned to and Date Co. K. 302nd Infantry

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Ayer, Mass. and overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force, overseas

If so, Date and Ship from the United States or Canada "Aquitania" U. S.

Port Sailed From for Overseas New York July 4, 1918

Date of Arrival Overseas July 11, 1918

Port of Arrival Overseas England

Date and Ship Sailed Returning Home

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas April 25, 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas Brest

Participated in What Battles and Dates of Same

Argonne - Meuse Offensive

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Nov 21, 1918

Where Discharged from Service Camp Devens, Ayer, Mass

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Electrician.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence..Charles Antanewisus, Russia

Name of Mother and Place of Residence....Aggie ..... " ..... Russia

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....No.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....140 lbs.....

Your Height in Feet and Inches.....5' 8"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Frederick Andrew Arthur
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Frederick A. Arthur
AS APPEARS ON THE SERVICE ROLL

Date of Birth 23 April 1897
DAY MONTH YEAR

Place of Birth Sharon, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 135 Bolivar, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 135 Bolivar, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Aug. 27, 1918. Canton

Date and Place Where Mustered In or Reported for Duty Aug. 27, 1918

Give Government Identification Tag Number none

Co., Regt., Ship, or Service, First Assigned to and Date
4th Co 1st Prov. Batt. 156th Depot Brigade

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co L. 2nd Prov. Regt. 156 Depot Brigade
Co A. 6th Anti Air Craft Machine Gun Battalion.

Rank While in Service

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Jackson, S. C.
Camp Servier, S. C. Camp Wadsworth, S. C.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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.....

If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....

Name of Mother and Place of Residence..Eliza Arthur 135 Bolivar St Canton.

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....3984162.....

What Was Your Weight When Entering the Service .....128 lbs.....

Your Height in Feet and Inches.....5' 10½".....

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Gray.....

Color of Your Hair .....Dark.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Lawrence Hayes, 12 K St. Norwood, Mass.

J. A. Damon, 177 Eutaw Ave. E. Lynn, Mass.

Bart Duggew, 39 Huntington Rd. Milton, Mass.

Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

.....

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Harry Beanland Baldwin
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Harry Beanland Baldwin
AS APPEARS ON THE SERVICE ROLL

Date of Birth 30 August 1890
DAY MONTH YEAR

Place of Birth Skipton Yorkshire, England
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 176 Neponset, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 176 Neponset, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment May 1, 1916 Montreal

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty May 1, 1916.

Give Government Identification Tag Number 504940

Co., Regt., Ship, or Service, First Assigned to and Date
6th Divisional Signal Corps.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
1st Divisional Signal Corps.

Rank While in Service Lance Corporal Sapper

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes.
Canadian Expeditionary Force, overseas.

If so, Date and Ship from the United States or Canada April 1917. "Olympic" Can.

Port Sailed From for Overseas Halifax N. S.

Date of Arrival Overseas May 1917

Port of Arrival Overseas Liverpool, England.

Date and Ship Sailed Returning Home May 9, 1919. "Celtic"

Port Sailed from Returning Home Liverpool

Date of Arrival from Overseas May 15, 1919

Place of Arrival in United States

Important Places Where Stationed Overseas Crowborough Camp, Shoreham-Seaford - Amiens Sector - Arras - Cambrai - Cologne, Germany.

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date
Gassed at Arras

If Confined in Hospital, During What Time and Place Casualty Clearing Station, Cologne. Epsom Hosp. Eng. (Trench Fever)

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service May 22, 1919

Where Discharged from Service Halifax N. S.

For What Reason Discharged from Service End of War.

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Plumber.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).Charlotte H. Hemingway

Date and Place of Marriage to Wife (or Wives)..April 5, 1917. Boston.....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence..David Baldwin, Skipton, England

Name of Mother and Place of Residence.Lucy H. " " "

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....No.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....168 lbs.....

Your Height in Feet and Inches.....5' 8"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

J. S. Trelcar, 16 Woodlawn Ave Mattapan, Mass.

O. J. Hansen Vancouver, V. C.

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name David A. Barnie
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth 11 (DAY) August (MONTH) 1894 (YEAR)

Place of Birth Boston (CITY OR TOWN) Mass. (STATE OR COUNTRY)

Place of Residence When Entering the Service Canton, Mass. (STREET AND NUMBER) (CITY OR TOWN) (STATE)

Place of Residence at Present Time 20 Beacon (STREET AND NUMBER) Quincy, (CITY OR TOWN) Mass. (STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment Nov. 27, 1917 Boston, Mass.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Dec. 4, 1917 Ft. Slocum, N.Y.

Give Government Identification Tag Number 2506639

Co., Regt., Ship, or Service, First Assigned to and Date
Wag. Co. #4. 23rd U. S. Engineers

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Wagoner

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force, overseas

If so, Date and Ship from the United States or Canada Apr. 25, 1918. "Baltic" U. S.

Port Sailed From for Overseas Hoboken, N. J.

Date of Arrival Overseas May 5, 1918

Port of Arrival Overseas Liverpool, England.

Date and Ship Sailed Returning Home June 1, 1919. "Cape Finistere"

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas June 11, 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas Nevers - Blois - Le Havre - Chaumont - Brest - Paris - Neufchateau - Le Mains - London - Edinburgh - Glasgow

Participated in What Battles and Dates of Same

Meuse-Argonne Sept to Nov 11, 1918.

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

Base Hospital, Camp Meade, Md. March 1918.

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service June 19, 1919.

Where Discharged from Service Camp Devens, Ayer, Mass.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service....Greenhouse & General Gardener

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence....Donald Barnie, Scotland

Name of Mother and Place of Residence....Margaret ..... " .....

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....Sister.....

And if so, Give Full Name and Address of Either or Both Mrs. Wm. S. Ash

.....139 Mechanic,.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....135 lbs.....

Your Height in Feet and Inches.....5' 7"

Your Complexion—White or Colored .....Ruddy

Color of Your Eyes.....Blue

Color of Your Hair .....Dark Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Edward James Beatty
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Edward J. Beatty
AS APPEARS ON THE SERVICE ROLL

Date of Birth 10 April 1892
DAY MONTH YEAR

Place of Birth Canton, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 82 Neponset, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment May 26, 1912 Roxbury, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty May 26, 1912 Roxbury

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Roxbury Horse Guards

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co. B. 102nd Machine Gun Battalion

Rank While in Service Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada Sept 23, 1917. "Antilles"

Port Sailed From for Overseas Hoboken, N. J.

Date of Arrival Overseas Oct 6, 1917

Port of Arrival Overseas St Nazaire, France

Date and Ship Sailed Returning Home

Port Sailed from Returning Home

Date of Arrival from Overseas

Place of Arrival in United States

Important Places Where Stationed Overseas

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

Roxbury Horse Guards 1912 to 1917

When Discharged from Service

Where Discharged from Service

For What Reason Discharged from Service

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service with Edison Electric Co. Boston

Married or Single Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....

Name of Mother and Place of Residence Mary Bouthier Beatty Canton

Are You Without the Foregoing Relatives in This Country No

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored White

Color of Your Eyes.....

Color of Your Hair Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....Yes.....

If Foregoing Record is of One Deceased, Give Date of Death ..April 20, 1918.....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried ..Do not know

Any Memorial for Deceased in Other Cemetery Than Where Buried .....No.....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

Mrs. Mary Beatty, Wall St. Canton, Mass.

REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Ruth Bennett
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name .....
AS APPEARS ON THE SERVICE ROLL

Date of Birth.....
DAY MONTH YEAR

Place of Birth.....
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service.....
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time.....
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted.....

Date and Place of Enlistment.....

Date and Place Where Drafted.....

Date and Place Where Mustered In or Reported for Duty .....

Give Government Identification Tag Number.....

Co., Regt., Ship, or Service, First Assigned to and Date .....

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Other Regiments, Ships or Branches of Services, Transferred to and Dates.....

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Rank While in Service.....Nurse.....

If Commissioned Officer Give Date of Commission.....

If Appointed Officer Give Date of Every Appointment .....

If Not Overseas, Where Stationed While in Service .....

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Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Louis Henry Blanc
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Louis H. Blanc.
AS APPEARS ON THE SERVICE ROLL

Date of Birth 7 (DAY) July (MONTH) 1888 (YEAR)

Place of Birth Oakville, (CITY OR TOWN) Conn. (STATE OR COUNTRY)

Place of Residence When Entering the Service 33 Rockland, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass. (STATE)

Place of Residence at Present Time 1½ Twinehurst, (STREET AND NUMBER) Southbridge, (CITY OR TOWN) " (STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment Oct. 11, 1918. Canton, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Oct. 1918. Hampton, Va.

Give Government Identification Tag Number 2556741

Co., Regt., Ship, or Service, First Assigned to and Date Sect. B. Detachment Air Service Flying School

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Langley Field, Hampton, Va.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....January 9, 1918.....

Where Discharged from Service .....Hampton, Va.....

For What Reason Discharged from Service....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Electrical Engineer

Married or Single .....Married

If Ever Married, Maiden Name of Wife (or Wives) Bertha N. Smith

Date and Place of Marriage to Wife (or Wives) Sept 2, 1914 Canton, Mass.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence Louis A. Blanc, Canton, Mass.

Name of Mother and Place of Residence Mathilda ..... (Deceased)

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....X-184543

What Was Your Weight When Entering the Service .....152 lbs.

Your Height in Feet and Inches.....5' 11 3/4"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Ray Brown, Washington St, Canton, Mass

Wm. Simmons, 33 Rockland " "

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Wilmot John Bowerman
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Wilmot John Bowerman
AS APPEARS ON THE SERVICE ROLL

Date of Birth 29 February 1896
DAY MONTH YEAR

Place of Birth Canton, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 665 Sherman, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 1131 Mass. Ave. Cambridge, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment May 15, 1918

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Parris Island S. C.

Give Government Identification Tag Number 4604661

Co., Regt., Ship, or Service, First Assigned to and Date May 15, 1918.
89th Co. E. Batt. U. S. Marines

Other Regiments, Ships or Branches of Services, Transferred to and Dates
83rd Co. 6th. Marines Oct 14, 1918

Rank While in Service Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada Aug. 15, 1918. "Henderson"

Port Sailed From for Overseas Philadelphia, Pa.

Date of Arrival Overseas Aug. 27, 1918.

Port of Arrival Overseas Brest, France

Date and Ship Sailed Returning Home July 25, 1919. "Wilmington."

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas Aug. 4, 1919

Place of Arrival in United States New York.

Important Places Where Stationed Overseas

Coblenz, Germany

Participated in What Battles and Dates of Same

Argonne Nov. 1, to Nov. 11, 1918.

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Aug. 14, 1919.

Where Discharged from Service Quantico, Va.

For What Reason Discharged from Service End of enlistment

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Wool Salesman.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).....Madeline R. McCumber

Date and Place of Marriage to Wife (or Wives).....Dec 1, 1917. Atlantic, Mass.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....John Bowerman, Canton

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....150 lbs.....

Your Height in Feet and Inches.....5' 7"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Light

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Robert M. Bowley
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth
DAY MONTH YEAR

Place of Birth
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Walpole, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Radio Work

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....Agnes M. Bowley.....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Ralph Burton Bowman
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Ralph Burton Bowman
AS APPEARS ON THE SERVICE ROLL

Date of Birth 18 Oct. 1898
DAY MONTH YEAR

Place of Birth Needham Heights, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 1291 Pleasant Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 1291 Pleasant, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment May 5, 1917 Boston, Mass.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty May 10, 1917 Ft. Slocum. N.Y.

Give Government Identification Tag Number 1587

Co., Regt., Ship, or Service, First Assigned to and Date

Medical Dept. Fort Slocum N.Y.

Other Regiments, Ships or Branches of Services, Transferred to and Dates May 24, 1917.
Post Hospital, Ft. Monroe, Va. - June 14, 1917
Med. Detch. 1st U. S. Eng., Wash. D.C. - Sept 4, 1917 1st Div. France

Rank While in Service 1st Class Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes.

American — France & Germany.

If so, Date and Ship from the United States or Canada Aug. 7, 1917. "Finland"

Port Sailed From for Overseas Hoboken, N. J.

Date of Arrival Overseas Aug. 20, 1917.

Port of Arrival Overseas St. Nazaire, France.

Date and Ship Sailed Returning Home Aug. 25, 1919. "Edellyn."

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas Sept 4, 1919.

Place of Arrival in United States Hoboken, N. J.

Important Places Where Stationed Overseas St. Nazaire, Verges, and Engers, Germany

Participated in What Battles and Dates of Same Defensive sectors Toul Jan. 15, 1918 to March 31, 1918. Montdidier April 25 to July 7, 1918. Noyon June 9, 1918. Saizerais Aug. 5-23, 1918. Soissons offensive July 17-23, 1918.

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Sept 26, 1919

Where Discharged from Service Camp Devens, Ayer, Mass.

For What Reason Discharged from Service Expiration of term of service

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date Nov. 6, '18. aid to wounded under fire

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Student.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Elijah J. Bowman, Canton

Name of Mother and Place of Residence.....Rolvenia A. .....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....112 lbs.....

Your Height in Feet and Inches.....5' 3½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Light Blue

Color of Your Hair .....Dark.

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Joseph Hickey, Swell St, Holbrook, Mass
Harry C. Gray, Poughkeepsie, N.Y.
Roy R. Carter, 117 Beyer Ave. Punxsutawney Pa.

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

Participated with the First U. S. Engineers in laying a pontoon bridge across the Riviere River, in record time of 41 minutes & seconds, June 1919.

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Ralph Elsdon Briggs
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Ralph E. Briggs
AS APPEARS ON THE SERVICE ROLL

Date of Birth 22 September 1894
DAY MONTH YEAR

Place of Birth Canton Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 53 Chapman, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 53 Chapman, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Sept 21, 1917. Canton, Mass.

Date and Place Where Mustered In or Reported for Duty Sept 26, 1917 Camp Devens

Give Government Identification Tag Number 1664705

Co., Regt., Ship, or Service, First Assigned to and Date
Battery D. 303rd Field Artillery

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada July 16, 1918 "Militades"

Port Sailed From for Overseas Boston

Date of Arrival Overseas Aug. 1, 1918

Port of Arrival Overseas Newport, South Wales

Date and Ship Sailed Returning Home April 13, 1919 "Santa Rosa"

Port Sailed from Returning Home Pavillac, France

Date of Arrival from Overseas April 24, 1919.

Place of Arrival in United States Boston, Mass.

Important Places Where Stationed Overseas Winchester, Eng.
La Havre, France, Clermont Ferrand,
Troyon, Bordeaux

Participated in What Battles and Dates of Same Toul. Nov. 4-11, 1918
Marcheville, Nov. 9, 1918. Pintheville,
Butgneville, Bois de Harville, Nov. 10-11, 1918.

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service May 1, 1919

Where Discharged from Service Camp Devens, Ayer, Mass.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service Grimmins & Pierce Co.

Married or Single ..... Single.

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence J. Merritt Briggs 53 Chapman

Name of Mother and Place of Residence A. M. " " "

Are You Without the Foregoing Relatives in This Country ..... No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

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Have You a War Risk Insurance Policy..... Yes

Give Number of Policy..... 731648

What Was Your Weight When Entering the Service ..... 160 lbs.

Your Height in Feet and Inches..... 5'—10"

Your Complexion—White or Colored ..... White

Color of Your Eyes..... Blue

Color of Your Hair ..... Light Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Henry Cogswell, Henniker, N.H.

Mont P. Trainor Rockland, Me.

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Louis Brightman
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Louis Brightman
AS APPEARS ON THE SERVICE ROLL

Date of Birth 3 July 1900
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 37 Chapman, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 37 Chapman, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Nov 2, 1919. Cambridge, Mass.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Nov 5, 1919. M. I. T. Cambridg

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Nov 5, 1919
Co. B. S. A. T. C. - M. I. T.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment Nov. 15, 1919. Co. Clerk.

If Not Overseas, Where Stationed While in Service Cambridge, Mass.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service Dec 12, 1919

Where Discharged from Service Cambridge, Mass. S.A.T.C. - M.D.T.

For What Reason Discharged from Service Telegram from Washington

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Student.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Max Brightman, Canton, Mas

Name of Mother and Place of Residence.....Annie " " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....147 lbs.....

Your Height in Feet and Inches.....6' 1/2"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Abe Tassler, 145 Winslow Ave, Hartford, Co

Harold Johnson, Lexington, Mass

Harold Pinney, New Haven, Conn.

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Leo Vincent Briody
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Leo Vincent Briody
AS APPEARS ON THE SERVICE ROLL

Date of Birth 4 (DAY) June (MONTH) 1894 (YEAR)

Place of Birth Canton, (CITY OR TOWN) Mass (STATE OR COUNTY)

Place of Residence When Entering the Service 190 Neponset, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 190 Neponset, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Oct. 5, 1917. Canton

Date and Place Where Mustered In or Reported for Duty Oct. 5, 1917. Camp Devens

Give Government Identification Tag Number 2309611

Co., Regt., Ship, or Service, First Assigned to and Date Co. K. 302nd Inf.

Other Regiments, Ships or Branches of Services, Transferred to and Dates 2nd Co. 2nd Inf. Training Barracks – Depot Division 1st Corps. Co. D. 125th Inf.

Rank While in Service Corporal

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Ayer, Mass.
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada Mar. 13, 1918 "Great North

Port Sailed From for Overseas Hoboken, N. J.

Date of Arrival Overseas March 20, 1918

Port of Arrival Overseas Brest, France

Date and Ship Sailed Returning Home May 2, 1919 "Great Northern

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas May 9, 1919

Place of Arrival in United States Hoboken, N. J.

Important Places Where Stationed Overseas Thiency, Champlitte,

Alsace

Participated in What Battles and Dates of Same Chatteau Thierry,

Alsace, 2nd Marne - Soissons,

Meuse Argonne.

Wounded or Other Injuries Received in Action, Place and Date No.

If Confined in Hospital, During What Time and Place Base 36 Vetelle,

France Sept. 1918

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any None

When Discharged from Service May 24, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Machinist

Married or Single .....Single.

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....Mary Brody, Canton, Mass

Are You Without the Foregoing Relatives in This Country .....No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

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Have You a War Risk Insurance Policy.....No.

Give Number of Policy.....

What Was Your Weight When Entering the Service .....140 lbs.

Your Height in Feet and Inches.....5' 8"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Dark Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Clyde A Stout, Fremont, Ohio

Francis Roussilo, 521 Roussilo, Monroe, Mich

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name George Frederick Broderick
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name George Frederick Broderick
AS APPEARS ON THE SERVICE ROLL

Date of Birth 28 December 1889
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 193 Rockland, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 547 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Sept 20, 1917 Canton

Date and Place Where Mustered In or Reported for Duty Sept 20, 1917 Camp Devens

Give Government Identification Tag Number 1668439

Co., Regt., Ship, or Service, First Assigned to and Date 302d Inf Co K.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
301st Engineers, B. Co.
U. S. Guards Co. D. 1st Battalion

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
Camp Dix, Jersey City, N.J.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....None.....

.....

When Discharged from Service.....Jan. 24, 1919.....

Where Discharged from Service .....Camp Dix, N. J.....

For What Reason Discharged from Service.....Demobilization.

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Factory worker

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....Yes

If So, Have You a Brother or Sister Here.....Yes

And if so, Give Full Name and Address of Either or Both .....John, William, James, Jeremiah Canton Agnes, Canton. Mary Baldwin, Millis. Annie Williams, Mattapan

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....139 lbs

Your Height in Feet and Inches.....5' 10"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John Joseph Brown
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John Joseph Brown
AS APPEARS ON THE SERVICE ROLL

Date of Birth 25 (DAY) July (MONTH) 1891 (YEAR)

Place of Birth Chalise (CITY OR TOWN) Poland (STATE OR COUNTRY)

Place of Residence When Entering the Service 25 Wall St. (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass. (STATE)

Place of Residence at Present Time 25 Wall St. (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted March 19, 1918. Canton

Date and Place Where Mustered In or Reported for Duty Mar. 19, 1918 Ft. Slocum N.Y.

Give Government Identification Tag Number 405418

Co., Regt., Ship, or Service, First Assigned to and Date
25th Recruiting Co. Ft. Slocum

Other Regiments, Ships or Branches of Services, Transferred to and Dates
31st Co. Ft. Warren. Battery D. 71st Reg.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada July 31, 1918 "Anselm"

Port Sailed From for Overseas Boston

Date of Arrival Overseas Aug. 15, 1918

Port of Arrival Overseas Liverpool, Eng.

Date and Ship Sailed Returning Home Feb. 12, 1919 "Manchuria"

Port Sailed from Returning Home St Nazaire France

Date of Arrival from Overseas Feb. 22, 1919

Place of Arrival in United States Hoboken

Important Places Where Stationed Overseas Pellonaillès (near Angiers)

Participated in What Battles and Dates of Same None

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any None

When Discharged from Service March 21, 1919

Where Discharged from Service Camp Devens, Ayer, Mass

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Spinner (Neponset Wool Co.)

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Michael Brown, Canton, Mass

Name of Mother and Place of Residence.....Josephine ..... " ..... " .....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....125½ lbs.....

Your Height in Feet and Inches.....5' 5¾"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Light

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Henry McDermott, Maple St, Canton

Martin Higgins, Jr. 46 High St. Charlestown

Robert Bradley, 3 Glover St New Bedford

Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Marion M. Brown
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Marion M Brown, R. N.
AS APPEARS ON THE SERVICE ROLL

Date of Birth 19 July 1884
DAY MONTH YEAR

Place of Birth Glasgow, Scotland
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Mass Hosp School, Canton.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Mass Hosp School, Canton.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enrolled Red Cross Nurse

Date and Place of Enlistment 1914 Springfield, Mass.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty San Antonio, Texas

Give Government Identification Tag Number 23437

Co., Regt., Ship, or Service, First Assigned to and Date

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Nurse

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Leviathan Aug. 1918

Port Sailed From for Overseas Hoboken, N. J.

Date of Arrival Overseas Aug. 1918

Port of Arrival Overseas Brest

Date and Ship Sailed Returning Home Kiaserene, June, 1919

Port Sailed from Returning Home Brest

Date of Arrival from Overseas June 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas

Brest, Vannes, Allieres

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service July 1919

Where Discharged from Service New York

For What Reason Discharged from Service Expiration of Service

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....No.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....112 lbs.....

Your Height in Feet and Inches.....5' 4"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Roy Gordon Brown
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Roy Gordon Brown
AS APPEARS ON THE SERVICE ROLL

Date of Birth 31 January 1892
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 281 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 281 Washington, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment July 30, 1917. Charlestown Navy Yard

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty July 30, '17. Navy Yard

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
U. S. Naval Radio School.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service 1st Class Radio Electrician

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Cambridge, Mass.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Jan. 15, 1919.....

Where Discharged from Service .....Naval Radio School, Cambridge

For What Reason Discharged from Service.....Business.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....

Name of Mother and Place of Residence..Mrs. F. P. Drake, Canton, Mass.

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....1457847.....

What Was Your Weight When Entering the Service .....184 lbs.....

Your Height in Feet and Inches.....6' 1"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Dark.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Alfred Horton 250 Walnut Ave Santa Cruz, C

Edward Johnson Gothe St. West Roxbur

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Lucas Irving Bruno
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Lucas I. Bruno
AS APPEARS ON THE SERVICE ROLL

Date of Birth 12 October 1887
DAY MONTH YEAR

Place of Birth Canton Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 170 Sherman, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 54 Tonawanda, Dorchester, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment July 27, 1914 Boston, Mass.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number 123105

Co., Regt., Ship, or Service, First Assigned to and Date U. S. Marine Corps
Norfolk Training Barracks July 28, 1914.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Sept. 11, 1914
"Texas" Brooklyn Navy Yard, Oct. 22, 1915
"Florida" Nov. 13, 1915, 6th Marines Aug. 9, 1917

Rank While in Service 1st Lieutenant

If Commissioned Officer Give Date of Commission July 29, 1918

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada Oct 24, 1917 "Von Steuben"

Port Sailed From for Overseas Philadelphia, Pa.

Date of Arrival Overseas Nov 12, 1917

Port of Arrival Overseas Brest, France

Date and Ship Sailed Returning Home July 28, 1919 "Orizaba"

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas Aug 6, 1919

Place of Arrival in United States Hampton Roads, Va.

Important Places Where Stationed Overseas Bordeaux, St Nazaire, Brest,

Participated in What Battles and Dates of Same March 15 to 28, 1918 Verdun. Aug 9 to Aug 16 Marbache. St Mihiel, Sept 12-16, 1918. Champagne, Oct 1-10, 1918. Argonne-Meuse Nov 1 to 9, 1918.

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place Nov 10-17, 1918 Evacuation Hospital #9 Nov 18, '18 to Jan 21, '19 Base Hosp. #62. Mo

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

U. S. Marine Corps

When Discharged from Service July 28, 1918

Where Discharged from Service France

For What Reason Discharged from Service To become 2nd Lieut U. S. Mar

If Given Medal of Honor, Give Action and Date .....

If Given Citation or Certificate of Merit, Give Service and Date Citation, caring for wounded Nov. 1, 19 under fire.

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service Wool Business & Soldier

Married or Single Single

If Ever Married, Maiden Name of Wife (or Wives) .....

Date and Place of Marriage to Wife (or Wives) .....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted .....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence .....

Name of Mother and Place of Residence Margaret M. Bruno Dedham, Mass.

Are You Without the Foregoing Relatives in This Country No.

If So, Have You a Brother or Sister Here .....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy Yes

Give Number of Policy 1217609

What Was Your Weight When Entering the Service 170 lbs.

Your Height in Feet and Inches 6' 1/2"

Your Complexion—White or Colored White

Color of Your Eyes Hazel

Color of Your Hair Dark Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....Yes.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Albert Warren Bryan, Jr.
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Albert W. Bryan
AS APPEARS ON THE SERVICE ROLL

Date of Birth 21 (DAY) Sept (MONTH) 1895 (YEAR)

Place of Birth Canton, (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 289 Sherman, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass. (STATE)

Place of Residence at Present Time 289 Sherman, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass. (STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment Dec. 4, 1917. Fort Slocum, N. Y.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Dec. 4, 1917 Ft. Slocum

Give Government Identification Tag Number 778180

Co., Regt., Ship, or Service, First Assigned to and Date Supply Co. # 309 Quartermaster's Corps

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service 1st class Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp J. E. Johnston, Jacksonville, Fla. Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force.

If so, Date and Ship from the United States or Canada June 6, 1918. "Czaritza"

Port Sailed From for Overseas Newport News, Va.

Date of Arrival Overseas June 18, 1918

Port of Arrival Overseas Brest, France

Date and Ship Sailed Returning Home June 22, 1919. "George Washing

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas July 8, 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas Is-sur-Tille

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place Sept 23 - Oct 14, 1918

Dijon Base Hospital #17.

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service July 15, 1919

Where Discharged from Service Camp Devens, Ayer, Mass.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Rodman.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence..Albert W. Bryan, Canton, Mass

Name of Mother and Place of Residence..Annie T. " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....133 lbs.....

Your Height in Feet and Inches.....5' 7½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Dark Red.

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

George T. Garrow, Oswego, N. Y.

George M. Tacon, Montgomery, Ala.

William H. Moran, Haverhill, Mass.

Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Horace A. Buckler
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth
DAY MONTH YEAR

Place of Birth
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number 2303874

Co., Regt., Ship, or Service, First Assigned to and Date 134th Company, Forestry and Construction Battalion

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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.....

Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

.....

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....

Name of Mother and Place of Residence Mrs. Alfred Buckler Annapolis Royal, Nova Scotia

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Timothy S. Buckley
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Timothy S. Buckley
AS APPEARS ON THE SERVICE ROLL

Date of Birth 6 (DAY) July (MONTH) 1893 (YEAR)

Place of Birth Sandwich, (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service Harbor, (STREET AND NUMBER) Sandwich, (CITY OR TOWN) Mass. (STATE)

Place of Residence at Present Time 76 Atlantic, (STREET AND NUMBER) New Bedford, (CITY OR TOWN) Mass (STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment July 24, 1917. Boston Navy Yard

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Navy Yard, Boston, Mass

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Aug 27/17 Bumkin Island U. S. S. Cigarette Sept 22, 1917.

Other Regiments, Ships or Branches of Services, Transferred to and Dates January 1919, "Billow" April 1919, Machigonne. U. S. S. C. #147 July 2 – Aug 13, 1919.

Rank While in Service Machinist Mate 1/c.

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Coast, from Nova Scotia to Provincetown, Mass.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Aug. 13, 1919.

Where Discharged from Service ...Navy Yard, Boston, U. S. S. C. #147.

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Fireman.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....M. A. Buckley, Sandwich, Mass

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....165 lbs.....

Your Height in Feet and Inches.....5' 6"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Black.

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

M. H. Leighton, Bar Harbor, Me

J. A. O'Toole Walk Hill Forest Hills, Mas

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Philip Vanneman Burt
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Philip Vanneman Burt
AS APPEARS ON THE SERVICE ROLL

Date of Birth 28 April 1890
DAY MONTH YEAR

Place of Birth Canton, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 598 Webster, Needham, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 16 Eddy, West Newton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment May 10, 1918 Charlestown Navy Yard

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty May 14, 1918 Washington, D.C.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Records Section, Bureau of Supplies & Accounts of the Navy May 14, 1918

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Assistant Paymaster, U. S. Naval Reserve Force Nov 27, 1918.

Rank While in Service Ensign

If Commissioned Officer Give Date of Commission Nov 27, 1918

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Washington, D. C.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....March 1, 1919.....

Where Discharged from Service .....Washington, D. C.....

For What Reason Discharged from Service.....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Statistician

Married or Single .....Married

If Ever Married, Maiden Name of Wife (or Wives) Gladys M. Calhoun

Date and Place of Marriage to Wife (or Wives).....Oct 5, 1917

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence George Burt, Canton, Mass

Name of Mother and Place of Residence Mabel L. " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.

Give Number of Policy.....4158813

What Was Your Weight When Entering the Service .....155 lbs.

Your Height in Feet and Inches.....5' 10"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

S. V. Claggett, Washington, D. C.

D. L. Ellis " "

Chief Yeoman Dunbar " "

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Samuel Cabot
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Samuel Cabot, Major 106th U. S. Inf.
AS APPEARS ON THE SERVICE ROLL

Date of Birth 30 (DAY) April (MONTH) 1884 (YEAR)

Place of Birth Brookline, (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service Elm St., (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Place of Residence at Present Time Elm St., (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE).

Enlisted or Drafted Enlisted

Date and Place of Enlistment May 12, 1917 Plattsburgh, N. Y.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty May 12, 1917

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date 1st Batt. 151st Depot Brigade

Other Regiments, Ships or Branches of Services, Transferred to and Dates May, 1918 303rd Infantry. Dec. 1918 106th Infantry

Rank While in Service 1st Lieut. Captain, Major

If Commissioned Officer Give Date of Commission May 26, 1917

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada July 5, '18 "Burma"

Port Sailed From for Overseas Montreal, Canada

Date of Arrival Overseas July 21, 1918

Port of Arrival Overseas Tillbury, Eng.; Havre, France

Date and Ship Sailed Returning Home Feb 24, '19 "Leviathan"

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas March 5, 1919

Place of Arrival in United States Hoboken

Important Places Where Stationed Overseas

St Armand-Montrend

Le Mans, Langre

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service April 30, 1919

Where Discharged from Service Camp Upton, N. Y.

For What Reason Discharged from Service Unit discharged

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Manufacturing Chemist

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).....Nancy Graves

Date and Place of Marriage to Wife (or Wives) Oct. 16, 1909 Newburyport, Mass

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....no.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any Samuel Jr. 8 yrs. Canton, Helen A. 7 yrs. Boston. Nancy G. 4 yrs Canton. Elizabeth 1 yr. Newton

Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....Yes

And if so, Give Full Name and Address of Either or Both .....

Elizabeth Lyman, 109 Commonwealth Ave. Boston, Mass.

Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....

What Was Your Weight When Entering the Service .....170 lbs.

Your Height in Feet and Inches.....6'

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Gray

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name William James Calhoun
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name William James Calhoun
AS APPEARS ON THE SERVICE ROLL

Date of Birth 15 December 1895
DAY MONTH YEAR

Place of Birth New Bedford, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 159 Rockland, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 159 Rockland, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment June 25, 1917. Boston, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty July 17, 1917 Boston, Mass.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
Newport Training Station

Other Regiments, Ships or Branches of Services, Transferred to and Dates Receiving Ship, Commonwealth Pier. Base 6, Queenstown, Ire Base 17 Inverness, Scot. "M. Washington", "Sacramento"

Rank While in Service Engineman 2/c

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada Nov 20, '17 "New York"

Port Sailed From for Overseas New York

Date of Arrival Overseas Dec 1, 1917

Port of Arrival Overseas Liverpool, Eng.

Date and Ship Sailed Returning Home Jan 1, '19 "Martha Washington"

Port Sailed from Returning Home Brest

Date of Arrival from Overseas Jan 15, 1919

Place of Arrival in United States Newport News Va

Important Places Where Stationed Overseas Queenstown, Ire.

Inverness, Scotland

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any None

When Discharged from Service April 10, 1919

Where Discharged from Service Bay Ridge, N. Y.

For What Reason Discharged from Service By request

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Electrician.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....William J. Calhoun.....

Name of Mother and Place of Residence.....Mary Walsh.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....165 lbs.....

Your Height in Feet and Inches.....5' 8½"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Dark Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Joseph Murphy, Norwood, Mass.

Joseph Donahue, Walpole, Mass.

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ..... No.

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Florence Reeve Capen
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Florence Reeve Capen
AS APPEARS ON THE SERVICE ROLL

Date of Birth 20th (DAY) April (MONTH) 1893 (YEAR)

Place of Birth New York City (CITY OR TOWN) New York (STATE OR COUNTRY)

Place of Residence When Entering the Service 479 Sherman St (STREET AND NUMBER), Canton (CITY OR TOWN), Mass (STATE)

Place of Residence at Present Time 1082 Commonwealth Ave (STREET AND NUMBER), Brookline (CITY OR TOWN), Mass (STATE)

Enlisted or ~~Drafted~~

Date and Place of Enlistment August 15 1918 Washington D.C.

Date and Place Where Drafted " " " " " "

Date and Place Where Mustered In or Reported for Duty Washington, D.C.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Bureau of Supply and Accounts - War Risk Section

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Landsman for yeoman - yeo 3rd - yeo 2nd class

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service...February 16, 1919.....

Where Discharged from Service ..Washington, D. C.....

For What Reason Discharged from Service....Honorable discharge.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....Married.....

If Ever Married, Maiden Name of ~~Wife~~ husband (or Wives)...George Philip Capen.....

Date and Place of Marriage to ~~Wife~~ husband (or Wives) April 18, 1917 - Montclair, N.J.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

Janet Capen July 27 - 1920

.....

Name of Father and Place of Residence.....—.....

Name of Mother and Place of Residence.....Mrs. Edward Reeve - Bayside, N.Y.

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....Yes.....

And if so, Give Full Name and Address of Either or Both .....

Harry Reeve - Elsie Reeve

Fairview Ave - Bayside, N.Y.

Have You a War Risk Insurance Policy.....—.....

Give Number of Policy.....

What Was Your Weight When Entering the Service ...110 lbs.....

Your Height in Feet and Inches.....

Your Complexion—White or ~~Colored~~ .....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Blonde.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Mrs. Walter Wilson, The Chaselton - Washington D. C.

Mrs. Frederick Cox 68 Egremont St Boston, Mass.

Mrs. Violet Miller 246 Central Park West N. Y. C.

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name George Philip Capen
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name George P. Philip Capen
AS APPEARS ON THE SERVICE ROLL

Date of Birth 2 December 1890
DAY MONTH YEAR

Place of Birth Evanston, Wyoming
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 479 Sherman, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 479 Sherman, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Sept. 24, 1917 Washington, D.C.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Gov. Leather Inspector, Ordnance Dept. Roch. Is. Arsenal

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Quartermaster's Corps, Ordnance Dept.

Rank While in Service Lieutenant

If Commissioned Officer Give Date of Commission 2nd Lieut Ord. R.C. Dec. 18, 1917

If Appointed Officer Give Date of Every Appointment 2nd Lieut., 1st Lieut. Q.M.C. May 24, Aug 20 } 19 18

If Not Overseas, Where Stationed While in Service Philadelphia, Pa. Orleau, N.Y. Columbus, Ind. Washington, D.C.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any M. D. T.
Plattsburg Camp. Mass State Guard.

When Discharged from Service Feb. 15, 1919

Where Discharged from Service Washington, D. C.

For What Reason Discharged from Service Service no longer require

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service Manager Patent Leather Works

Married or Single Married

If Ever Married, Maiden Name of Wife (or Wives) Florence Reeve

Date and Place of Marriage to Wife (or Wives) April 18, 1917 Montclair, N. J.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You No.

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence George H. Capen, Canton, Mass.

Name of Mother and Place of Residence Bertha E. Capen "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy Yes

Give Number of Policy 1161407

What Was Your Weight When Entering the Service 158 lbs

Your Height in Feet and Inches 5' 10¼"

Your Complexion—White or Colored White

Color of Your Eyes Blue

Color of Your Hair Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission Be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Howard Bayden Capen
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Howard B. Capen
AS APPEARS ON THE SERVICE ROLL

Date of Birth 15 October 1895
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 1541 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 1541 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Sept 21, 1917

Date and Place Where Mustered In or Reported for Duty Sept 21, 1917 Camp Devens.

Give Government Identification Tag Number 1658582

Co., Regt., Ship, or Service, First Assigned to and Date Co K 302nd Infantry

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Headquarters Co 302nd Infantry Jan 22, 1918
2nd Pioneer Detachment Sept 1, 1918

Rank While in Service 1st Class Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Ayer, Mass
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada "Aquitania" - July 4, 1918

Port Sailed From for Overseas New York

Date of Arrival Overseas July 12, 1918

Port of Arrival Overseas Liverpool, England

Date and Ship Sailed Returning Home "Lancaster" June 21, 1919

Port Sailed from Returning Home Bordeaux, France

Date of Arrival from Overseas July 4, 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas Bordeaux

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service July 9, 1919

Where Discharged from Service Camp Devens, Mass

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Clerk.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Oscar D. Capen, Canton, Mass

Name of Mother and Place of Residence.....Jennie B. Capen " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....165 lbs.....

Your Height in Feet and Inches.....6'.....

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Gustav W. Richter, Rehoboth, Mass

Ralph W. Eliot Mass

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Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission Be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Oscar Daniel Capen, Jr.
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Oscar D. Capen, Jr.
AS APPEARS ON THE SERVICE ROLL

Date of Birth 18 May 1899
DAY MONTH YEAR

Place of Birth Canton, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 1541 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 1541 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment May 14, 1918 Tremont Row, Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty May 28, 1918

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date United States Naval Training Station.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Receiving Barracks, Newport, New London, Patrol Duty, Officers School, Tuft's College.

Rank While in Service 1st Class Boatswain's Mate

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Newport, R.I. Medford, Mass.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Student.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence...Oscar D. Capen, Canton, Mass.

Name of Mother and Place of Residence...Jennie B. " " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....160 lbs.....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....
John McEtric, Brookline, Mass
Milton Dennis, Staten Is. N.Y.,
Harvey Koopen, New York City, N.Y.

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Amielo Caridu
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name .....
AS APPEARS ON THE SERVICE ROLL

Date of Birth .....
DAY MONTH YEAR

Place of Birth .....
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service .....
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time .....
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted .....

Date and Place of Enlistment .....

Date and Place Where Drafted .....

Date and Place Where Mustered In or Reported for Duty .....

Give Government Identification Tag Number .....

Co., Regt., Ship, or Service, First Assigned to and Date .....

.....

Other Regiments, Ships or Branches of Services, Transferred to and Dates .....

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.....

Rank While in Service Seaman

If Commissioned Officer Give Date of Commission .....

If Appointed Officer Give Date of Every Appointment .....

If Not Overseas, Where Stationed While in Service .....

.....

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John Thomas Carney
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John Thomas Carney
AS APPEARS ON THE SERVICE ROLL

Date of Birth 26 April 1894
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Sheridan Ave, Hoboken, New Jersey
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Dec 9, 1917. Fort Slocum, N.Y.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Dec 17, 1917 - 325 Aero Sq.

Give Government Identification Tag Number 1078021

Co., Regt., Ship. or Service, First Assigned to and Date April 2, 1918 - 632 Aero. Sq
April 5, 1918 - 820 Aero Sq Kelly Field, San Antonio

Other Regiments, Ships or Branches of Services, Transferred to and Dates July 1, 1918: 90 Div. Camp
Det. A. S.P.C. #2 Aug 7, '18. Aug 15, '18 - 485 Aero Sq.
Aug 21, '18 - 822 Aero Sq (6th Air Park)

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes.
American Expeditionary Force.

If so, Date and Ship from the United States or Canada July 14, '18 Empress of Britain

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas July 26, 1918

Port of Arrival Overseas Liverpool, England.

Date and Ship Sailed Returning Home June 26, '19 "Noordam"

Port Sailed from Returning Home Brest

Date of Arrival from Overseas July 6, 1919.

Place of Arrival in United States Hoboken

Important Places Where Stationed Overseas Southhampton: La Havre;
St Aignan: Romorantin: Colombey, La Be
Toul Sinzig-Germany.

Participated in What Battles and Dates of Same Toul Oct 30-Nov 11, 1918.
St Mihiel, Sept 12-16, 1918.
Meuse-Argonne Sept 26-Nov 11, 1918.

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service July 16, 1919.

Where Discharged from Service Mitchel Field, L.I. New York.

For What Reason Discharged from Service service no longer require

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single ..... Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence James H. Carney, Hoboken, N. J.

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service ..... 142 lbs.

Your Height in Feet and Inches..... 5' 10½"

Your Complexion—White or Colored ..... White

Color of Your Eyes..... Blue

Color of Your Hair ..... Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Rev. W. G. Kirschbaum, New Bedford, Mass.
Joseph F. Walsh, 408 Hazel Ave. Wilkes Barre,
Howard P. Mann, Reardon, Wash.

Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Gerald Austin Cann
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Gerald A. Cann
AS APPEARS ON THE SERVICE ROLL

Date of Birth 7 (DAY) Sept (MONTH) 1897 (YEAR)

Place of Birth Providence (CITY OR TOWN) Rhode Island (STATE OR COUNTRY)

Place of Residence When Entering the Service 26 Howard, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment June 24, 1916 Boston, Mass.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty June 30, 1916 Port Royal, S.C

Give Government Identification Tag Number 271409

Co., Regt., Ship, or Service, First Assigned to and Date 34th Co. U. S. M. C.
1st Replacement Battalion.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
140th Co. U. S. M. C. 3rd Replacement Batt.
75th Co. 6th Regt 2nd Div A. E. F.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Quantico, Va.
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes
American Expeditionary Force

If so, Date and Ship from the United States or Canada Feb 10, '18 Von Steuben

Port Sailed From for Overseas Philadelphia, Pa.

Date of Arrival Overseas Feb 24, 1918

Port of Arrival Overseas Brest, France

Date and Ship Sailed Returning Home Sept 1, 1919

Port Sailed from Returning Home Brest

Date of Arrival from Overseas Sept 18, 1919

Place of Arrival in United States Hoboken, N.J.

Important Places Where Stationed Overseas Paris, Nancy
Coblenz, Hönningen

Participated in What Battles and Dates of Same
St Mihiel, Sept 1, 1918.
Champagne, Oct 1, 1918.

Wounded or Other Injuries Received in Action, Place and Date
Wounded at Champagne,
Oct 8, 1918.

If Confined in Hospital, During What Time and Place Oct 12 - Nov 19, 1918,
at Blois, France

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any 13 months
at Santa Domingo

When Discharged from Service

Where Discharged from Service

For What Reason Discharged from Service

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Riveter.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....Yes.....Brother.....

And if so, Give Full Name and Address of Either or Both Francis T. Carr,

.....26 Howard St, Canton, Mass.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....140 lbs.....

Your Height in Feet and Inches.....5' 4"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Auburn.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Walter S. Scanlon, Tours St., New Orleans, La.
Robert F. McDonough Willard Pl. Montclair,
Charles S. Gibson Walnut St. Batesville, In

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John Leo Carroll
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John Leo Carroll
AS APPEARS ON THE SERVICE ROLL

Date of Birth 29 April 1891
DAY MONTH YEAR

Place of Birth Canton, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 12 Traverse, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Randolph, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Jan. 1918 Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty June 10, 18 Camp Dix N.J.

Give Government Identification Tag Number 2456475

Co., Regt., Ship, or Service, First Assigned to and Date Depot Brigade

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Dix, N.J.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Feb 15, 1919.....

Where Discharged from Service .....Camp Dix, N.J.....

For What Reason Discharged from Service.....Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Dentist.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).....Irene Kelley

Date and Place of Marriage to Wife (or Wives).....Randolph, Sept 30, 1919

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Thomas Carroll, Canton, Mass

Name of Mother and Place of Residence.....Julia ..... " ..... " .....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....140 lbs.....

Your Height in Feet and Inches.....5' 8 1/4"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Joseph Francis Carroll
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Joseph Francis Carroll
AS APPEARS ON THE SERVICE ROLL

Date of Birth 18 (DAY) July (MONTH) 1897 (YEAR)

Place of Birth Canton, (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 12 Traverse, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Place of Residence at Present Time 12 Traverse St, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass. (STATE)

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Oct 23, 1918.

Date and Place Where Mustered In or Reported for Duty Ft. Rodman, Mass. Oct 23, '18

Give Government Identification Tag Number 588797

Co., Regt., Ship, or Service, First Assigned to and Date 2nd Mine Company.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
Ft. Rodman, New Bedford, Mass

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Dec 24, 1918.....

Where Discharged from Service .....Ft. Rodman, Mass.....

For What Reason Discharged from Service.....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Salesman.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Thomas Carroll, Canton, Mass.....

Name of Mother and Place of Residence.....Julia.....".....".....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....126 lbs.....

Your Height in Feet and Inches.....5' 6½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....No.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Mrs. Helen Kate Chadwick Porter
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Helen K. Chadwick
AS APPEARS ON THE SERVICE ROLL

Date of Birth 31 (DAY) January (MONTH) 1887 (YEAR)

Place of Birth Boscawen (CITY OR TOWN) N. H. (STATE OR COUNTRY)

Place of Residence When Entering the Service 442 Wash. (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Place of Residence at Present Time R. F. D. #3 (STREET AND NUMBER) Shenandoah, (CITY OR TOWN) Iowa (STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment Canton, Mass. May 10, 1918.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty May 15. Lakewood, N.J.

Give Government Identification Tag Number Red Cross 14617 - Nurse

Co., Regt., Ship, or Service, First Assigned to and Date

Base Hospital #7 A. E. F. May 10.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Army Nurse & Red Cross

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas ....yes....

....American....

If so, Date and Ship from the United States or Canada July 21, '18 Auchiven

Port Sailed From for Overseas ....Hoboken....

Date of Arrival Overseas ....Aug 3, 1918....

Port of Arrival Overseas....Liverpool....

Date and Ship Sailed Returning Home....Feb 21, '18 Lorraine....

Port Sailed from Returning Home....La Havre....

Date of Arrival from Overseas....March 3, 1919....

Place of Arrival in United States ....New York....

Important Places Where Stationed Overseas....Tours....

....

....

Participated in What Battles and Dates of Same....

....

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....

Wounded or Other Injuries Received in Action, Place and Date ....

....

....

If Confined in Hospital, During What Time and Place ....

....

If Prisoner by Enemy, Date and Place of Capture....

Places Confined ....

Date and Place Released ....

Give Record of Service in Army or Navy before the German War if Any ....

....

When Discharged from Service....March 30, 1919....

Where Discharged from Service ....Hotel Albert, N.Y....

For What Reason Discharged from Service....Unit demobilized....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Nurse.....

Married or Single .....Married.....

If Ever Married, Maiden Name of ~~Wife~~ Husband (or Wives).....Alphonso Porter

Date and Place of Marriage to Wife (or Wives).....Keene, N. H. July 30, '19

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your ~~Wife~~ Husband Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Geo. P. Chadwick, Boscawen, N. H.

Name of Mother and Place of Residence.....Mary Mack, Piermont, N. H.

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....172 lbs.....

Your Height in Feet and Inches.....5' 3½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Grey

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Agnes Smith, N.E. Hosp. Boston, Mass
Irma Skilton, To Dr. Lane, Milton, ..

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....No.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

N. Town our Hospital took care of 8000 patients, losing only 65; having an average of 3500 beds; and receiving trains direct from battlefield. My brother and I crossed on the same convoy, he enlisting from Michigan, I from Massachusetts. We never saw each other until we returned to New Hampshire the following spring.

GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Henry Comyn Clayton
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Henry C. Clayton, Ensign U.S.N.R.F.
AS APPEARS ON THE SERVICE ROLL

Date of Birth 29 April 1894
DAY MONTH YEAR

Place of Birth Milton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 1422 Washington, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 1292 Washington, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment May 10, 1917. Boston Navy Yard

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty July 23, 1917. Boston Navy Yard

Give Government Identification Tag Number Naval Aviator Certificate #360

Co., Regt., Ship, or Service, First Assigned to and Date July 23, 1917
U.S. Naval Reserve Flying Corps

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Quartermaster, 1st Class

If Commissioned Officer Give Date of Commission Ensign Feb 18, 1918

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas Mar. 16, 1918 to Feb. 5, 1919.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

U. S. Naval Aviation Forces

If so, Date and Ship from the United States or Canada March 16, '18 "Adriatic"

Port Sailed From for Overseas New York

Date of Arrival Overseas March 28, 1918

Port of Arrival Overseas Liverpool, Eng.

Date and Ship Sailed Returning Home Jan 20, 1919 "Mallory"

Port Sailed from Returning Home Bordeaux, France

Date of Arrival from Overseas Feb 5, 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas Moutchic, France

Malpensa, Gaia del Colle, Italy

Calais, France

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service

Where Discharged from Service

For What Reason Discharged from Service

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Student, M. I. T.

Married or Single .....Married

If Ever Married, Maiden Name of Wife (or Wives)...Augusta Capen

Date and Place of Marriage to Wife (or Wives)...June 23, '17 Canton, Mass.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence...Henry H. Clayton, Buenos Ayres

Name of Mother and Place of Residence...Fanny C. " "

Are You Without the Foregoing Relatives in This Country .....Yes

If So, Have You a Brother or Sister Here.....Brother

And if so, Give Full Name and Address of Either or Both ...Capt. Lawrence L. Clayton, C. A. C. Fort Totten, New York.

.....

Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....

What Was Your Weight When Entering the Service .....150 lbs.

Your Height in Feet and Inches.....5' 9"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Dark Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Benj. M. Greeley 12 Ainsly Dorchester, Mass

Gilbert M. Swett Arlington, Mass.

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....No.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Lawrence L. Clayton
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Lawrence Locke Clayton
AS APPEARS ON THE SERVICE ROLL

Date of Birth 26 (DAY) July (MONTH) 1895 (YEAR)

Place of Birth Milton, (CITY OR TOWN) Mass. (STATE OR COUNTRY)

Place of Residence When Entering the Service 1422 Washington (STREET AND NUMBER) Canton (CITY OR TOWN) Mass. (STATE)

Place of Residence at Present Time U. S. Army (STREET AND NUMBER) (CITY OR TOWN) (STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment Commissioned Oct 27, 1916 O.R.C.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty May 7, '17 Plattsburg.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date May 14, 1917
1st R. O. Training Camp Plattsburg, N.Y.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Coast Defenses of Boston; Anti-Aircraft Service, A.E.F. Coast Defenses, Eastern N.Y. Signal Corps

Rank While in Service 2nd & 1st Lieut. Capt.

If Commissioned Officer Give Date of Commission Oct 25, 1917.

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Eastern Coast
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes.
Anti-Aircraft Service A. E. F.

If so, Date and Ship from the United States or Canada Mar. 25, '18 "Mauretania"

Port Sailed From for Overseas New York City

Date of Arrival Overseas April 2, 1918

Port of Arrival Overseas Liverpool, Eng.

Date and Ship Sailed Returning Home Dec. 31, '18 "Seattle"

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas Jan. 12, 1919

Place of Arrival in United States Hoboken, N. J.

Important Places Where Stationed Overseas Clermont-Ferrand,
Arnouville-les-Gonesse.
Baccarat Sector. Ds-sur-Tille

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any C. A. O. R. C.
(Inactive) Oct. 27, '16 - April 30, 1917

When Discharged from Service

Where Discharged from Service

For What Reason Discharged from Service

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Mass. I. T. Student

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).....Emily C. Cormey

Date and Place of Marriage to Wife (or Wives).....July 21, '19 Belmont, Mass.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Henry H. Clayton. Argentina S.A.

Name of Mother and Place of Residence.....Jane C. " " " "

Are You Without the Foregoing Relatives in This Country .....Yes

If So, Have You a Brother or Sister Here.....Brother

And if so, Give Full Name and Address of Either or Both .....Henry C. Clayton.

.....1292 Washington St, Canton, Mass.

.....

Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....

What Was Your Weight When Entering the Service .....120 lbs.

Your Height in Feet and Inches.....5' 5"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Dark Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Earl R. Reynolds, Camp Lewis, Washington
Philip Cuvivier, Wellsley, Mass (?)
Paul J. Hunt, Camp Alfred Vail, N.J.

Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Bernard Leo Clerkin
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Bernard L. Clerkin
AS APPEARS ON THE SERVICE ROLL

Date of Birth 30 August 1895
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 411 Sherman, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 411 Sherman, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Volunteered to Draft Board.

Date and Place of Enlistment

Date and Place Where Drafted June 1, 1918 Canton, Mass

Date and Place Where Mustered In or Reported for Duty June 1, 1918

Give Government Identification Tag Number 3172041

Co., Regt., Ship, or Service, First Assigned to and Date 2nd Co. Veterinary Training School Camp Lee Va. June 1, '18 – Aug 12, '18

Other Regiments, Ships or Branches of Services, Transferred to and Dates Animal Embarkation Depot #302. Port Terminal Branch, No. Charleston, S. C. Vet. Corps.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Lee, Va. North Charleston, S. C.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....May 19, 1919.....

Where Discharged from Service .....Charleston, S.C.....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service....Railroad Employee

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence...John Clerkin, Canton, Mass.

Name of Mother and Place of Residence....Ellen ..... " ..... "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

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Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....150 lbs.....

Your Height in Feet and Inches.....5' 7½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Aldin Mersich, Otto, Texas, R.F.D. #1.

Otto Hesselberg, Jr. Driggs Ave Brooklyn, N

Patrick Ryan, Platte, S.D.

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Edward Francis Clinton
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Edward Francis Clinton
AS APPEARS ON THE SERVICE ROLL

Date of Birth 3 November 1891
DAY MONTH YEAR

Place of Birth Canton, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 2658 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 2658 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Feb. 26, 1918. Canton

Date and Place Where Mustered In or Reported for Duty Feb. 26, 1918 Camp Devens

Give Government Identification Tag Number

Co., Regt., Ship. or Service. First Assigned to and Date Supply Train, 302nd Reg't. 76th Div.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada April 1918. Leviathan

Port Sailed From for Overseas New York

Date of Arrival Overseas April 1918

Port of Arrival Overseas Brest, France

Date and Ship Sailed Returning Home Oct 1919 Leviathan

Port Sailed from Returning Home Brest

Date of Arrival from Overseas Oct 1919

Place of Arrival in United States Hoboken, N.J.

Important Places Where Stationed Overseas Chatteau Thierry

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Dec. 1919

Where Discharged from Service Camp Devens, Ayer, Mass

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Chauffeur.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....John Clinton, Canton, Mass.....

Name of Mother and Place of Residence.....Catherine.....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....135 lbs.....

Your Height in Feet and Inches.....5' 7"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Franklin Bradford Cobb
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Franklin B. Cobb.
AS APPEARS ON THE SERVICE ROLL

Date of Birth 25 June 1899
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 2191 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 2191 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment April 2, 1918. Ft. Slocum, N.Y.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty April 19, 1918.

Give Government Identification Tag Number 407015

Co., Regt., Ship, or Service, First Assigned to and Date Headquarters Co., 1st Field Artillery

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private 1st Class

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Ft. Sill, Oklahoma

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....June 17, 1919.....

Where Discharged from Service .....Camp Meade, Md.....

For What Reason Discharged from Service.....End of enlistment.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Knitter.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence...Frank Cobb, Canton, Mass

Name of Mother and Place of Residence.....Hattie.....".....".....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....119 lbs.....

Your Height in Feet and Inches.....5' 6"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Dark Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Walter T. Manning, Ft. Sill, Oklahom

James L. Skeehan, 22 Sherman, Canton,

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John Coda
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John Coda
AS APPEARS ON THE SERVICE ROLL

Date of Birth 24 January 1896
DAY MONTH YEAR

Place of Birth Masserano, Italy
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 15 Grove, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 15 Grove, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment June 28, 1917. Boston, Mass.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty July 3, '17 Ft. Slocum, N.Y.

Give Government Identification Tag Number 151737

Co., Regt., Ship, or Service, First Assigned to and Date
Battery C. 6th Field Artillery

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Battery C. 53rd Regt. C.A.C.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada Nov. 1917 "Adriatic"

Port Sailed From for Overseas New York

Date of Arrival Overseas Dec. 1917

Port of Arrival Overseas Liverpool, Eng.

Date and Ship Sailed Returning Home Feb. 1919 "Mauretania"

Port Sailed from Returning Home St Nazaire, France

Date of Arrival from Overseas Feb. 26, 1919

Place of Arrival in United States Newport News, Va.

Important Places Where Stationed Overseas

Le Mans. St Mihiel. Verdun.
La Contine

Participated in What Battles and Dates of Same

St Mihiel. Verdun.

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service April 3, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Leather Worker

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....Teresina Coda, Italy

Are You Without the Foregoing Relatives in This Country .....Yes

If So, Have You a Brother or Sister Here.....No

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.

Give Number of Policy.....

What Was Your Weight When Entering the Service .....152 lbs.

Your Height in Feet and Inches.....5' 5½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Black

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Max Cohen

COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name .....

AS APPEARS ON THE SERVICE ROLL

Date of Birth.....

DAY MONTH YEAR

Place of Birth.....

CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service.....

STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time.....

STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted.....

Date and Place of Enlistment.....

Date and Place Where Drafted.....

Date and Place Where Mustered In or Reported for Duty .....

Give Government Identification Tag Number.....

Co., Regt., Ship, or Service, First Assigned to and Date .....

.....

Other Regiments, Ships or Branches of Services, Transferred to and Dates.....

.....

.....

Rank While in Service.....

If Commissioned Officer Give Date of Commission.....

If Appointed Officer Give Date of Every Appointment .....

If Not Overseas, Where Stationed While in Service .....

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Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any ....

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Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name William Joseph Connors
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name William Joseph Connors
AS APPEARS ON THE SERVICE ROLL

Date of Birth 2 March 1895
DAY MONTH YEAR

Place of Birth Holden Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 11 Valley, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 11 Valley, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment May 31, 1917 Boston, Mass.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty June 11, '17 Ft Ethan Allan

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Medical Corps.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Aug., 1918.
Headquarters, S.O.S. Chief Surgeon's Office

Rank While in Service Private, Sergeant, 1st Class

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Mass.
Ft. Ethan Allan, Vt. Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada July 14, '18 "Empress Brit

Port Sailed From for Overseas Hoboken, N. J.

Date of Arrival Overseas July 28, 1918

Port of Arrival Overseas Liverpool, Eng.

Date and Ship Sailed Returning Home June 21, 1919 "Tuscany"

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas July 1, 1919.

Place of Arrival in United States New York

Important Places Where Stationed Overseas Tours

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service July 8, 1919.

Where Discharged from Service Camp Mitchell, N. Y.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Railroad.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Cornelius Connors, Canton, Mass.

Name of Mother and Place of Residence.....Anna " " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....130 lbs.....

Your Height in Feet and Inches.....5' 11"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Harold A. Corey
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Harold A. Corey
AS APPEARS ON THE SERVICE ROLL

Date of Birth 21 August 1890
DAY MONTH YEAR

Place of Birth Providence, Rhode Island
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 1304 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 1304 Washington, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Inducted

Date and Place of Enlistment

Date and Place Where Drafted Aug 28, '18. Canton, Mass

Date and Place Where Mustered In or Reported for Duty Aug 29, 1918.

Give Government Identification Tag Number 2729288

Co., Regt., Ship, or Service, First Assigned to and Date Aug 29, 1918.
4th Prov. Co. Air Service Military Aeronautics

Other Regiments, Ships or Branches of Services, Transferred to and Dates Headquarters, U. S. A. School of Aerial Photography
Oct 10, 1918 – Dec 31, 1918

Rank While in Service Private – Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Madison Barracks, N. Y.
Kodak Park, Rochester, N. Y.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Dec. 31, 1918.....

Where Discharged from Service .....Rochester, N.Y.....

For What Reason Discharged from Service.....Convenience of Governme

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service Asst. Purchasing Agent

Married or Single ..... Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence Peter Carey, Canton, Mass.

Name of Mother and Place of Residence Mrs. P. A. " " "

Are You Without the Foregoing Relatives in This Country ..... No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy..... Yes

Give Number of Policy..... 4120756

What Was Your Weight When Entering the Service ..... 135 lbs

Your Height in Feet and Inches..... 5' 9"

Your Complexion—White or Colored ..... White

Color of Your Eyes..... Brown

Color of Your Hair ..... Dark Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Edward A. Malloy, 7 Chandler, Waverly, M
Fred W. Denham, 815 3rd St., Alexandria, V
Herbert P. Bradley 215 N. 16th St. Richmond, V

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Arthur G. Craig
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Arthur G. Craig
AS APPEARS ON THE SERVICE ROLL

Date of Birth 19 July 1884
DAY MONTH YEAR

Place of Birth Wakefield, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Barms, Ponkapoag, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Barms, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Oct 15, '17. Navy Yard Charlestown

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Oct 23, 1917

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
U. S. S. Coast Guard #25

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co I 3rd Reg't Sec 1. U. S. Naval Training Camp

Rank While in Service Seaman

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Boston Harbor, Camp Bennett, Ala Charleston, S.C. Newport News.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....Dependence.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Chauffeur

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....

Name of Mother and Place of Residence Theresa J. Craig, Canton, Mass

Are You Without the Foregoing Relatives in This Country .....No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....130 lbs.

Your Height in Feet and Inches.....5' 6½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Dark Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

M. G. Fitzgibbons, Louisville, Ky.

George R. Cummings, Dorchester, Mass

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Timothy Joseph Creaw
COMPLETE NAME NO INITIALS PLEASE WRITE PLAINLY

Name Timothy J. Creaw
AS APPEARS ON THE SERVICE ROLL

Date of Birth 12 August 1893
DAY MONTH YEAR

Place of Birth Canton, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 122 Mechanic, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 122 Mechanic, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Sept 21, 1917. Canton, Mass.

Date and Place Where Mustered In or Reported for Duty Camp Devens, Mass.

Give Government Identification Tag Number 1658813

Co., Regt., Ship, or Service, First Assigned to and Date Co. K. 302nd Inf.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Machine Gun Co. 302nd Inf. 76 Div.
17th " " Batt. Co. B. 6th Div.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Ayer.
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada July 5, 1918. "Aquitania"

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas July 12, 1918.

Port of Arrival Overseas Liverpool, Eng.

Date and Ship Sailed Returning Home June 2, 1919 "Orizaba"

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas June 11, 1919.

Place of Arrival in United States Newport News, Va.

Important Places Where Stationed Overseas Bordeaux

Participated in What Battles and Dates of Same

Argonne Nov 8–11, 1918.

Wounded or Other Injuries Received in Action. Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any None

When Discharged from Service June 21, 1919

Where Discharged from Service Camp Devens, Ayer

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Screw Machine Operator

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Timothy Crean, Canton, Mas

Name of Mother and Place of Residence.....Mary " (Deceased)

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....5' 7"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

William P. Doyle, Springfield, Mass

James Barley, Taunton, Mass

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ..... No .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Willis Nathaniel Croft
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Willis Nathaniel Croft
AS APPEARS ON THE SERVICE ROLL

Date of Birth 14 October 1894
DAY MONTH YEAR

Place of Birth Bridgewater, Nova Scotia
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Randolph St. Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Randolph St, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted July 22, 1918 Canton

Date and Place Where Mustered In or Reported for Duty July 22, '18 Camp Devens

Give Government Identification Tag Number 3149703

Co., Regt., Ship, or Service, First Assigned to and Date

51st Depot Brigade

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Co. I. 73rd Infantry

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Camp Devens, Ayer, Mass.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

.....

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Camp Devens, Ayer, Mass

Where Discharged from Service .....Jan. 29, 1919

For What Reason Discharged from Service...Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Farming.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence...Nathaniel Croft, Canton.

Name of Mother and Place of Residence....Eunice.....".....".

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....155 lbs.....

Your Height in Feet and Inches.....5' 11"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Hazel

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....no.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Patrick Joseph Cronin
COMPLETE NAME NO INITIALS PLEASE WRITE PLAINLY

Name Patrick Joseph Cronin
AS APPEARS ON THE SERVICE ROLL

Date of Birth 17 March 1894
DAY MONTH YEAR

Place of Birth Canton, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 31 Neponset, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 31 Deceased
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Oct 5, 1917 Canton, Mass

Date and Place Where Mustered In or Reported for Duty Oct 5, '17 Camp Devens

Give Government Identification Tag Number Unknown

Co., Regt., Ship, or Service, First Assigned to and Date
Co. K. 302nd Infantry

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Feb 27, 1918 Co. C. 165th Infantry

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Ayer.
Camp Merritt, N.J. Overseas.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada March 12, 1918

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas March 22, 1918

Port of Arrival Overseas

Date and Ship Sailed Returning Home

Port Sailed from Returning Home

Date of Arrival from Overseas

Place of Arrival in United States

Important Places Where Stationed Overseas Ourcq

Participated in What Battles and Dates of Same Ourcq River

Wounded or Other Injuries Received in Action, Place and Date

Wounded fatally, Ourcq River, July 31, 1918.

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any None

When Discharged from Service

Where Discharged from Service

For What Reason Discharged from Service

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Spinner.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives)...Katherine E. Redmond

Date and Place of Marriage to Wife (or Wives)...Nov. 25, 1914. Canton, Mass.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence...Michael Cronin.....

Name of Mother and Place of Residence...Mary.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....140 lbs.....

Your Height in Feet and Inches.....5' 11"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Black.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death ....July 31, 1918....

Give Place of Death and Place of Burial...Omrcq Cemetery unknown

Give Burial Lot Number.....Unknown.....

Any Monument or Headstone Marked to Deceased Where Buried ....Wooden Cross

Any Memorial for Deceased in Other Cemetery Than Where Buried .....No.....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....Mrs. Patrick J. Cronin, Canton.

REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Daniel Edwin Crowd
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Daniel Edwin Crowd
AS APPEARS ON THE SERVICE ROLL

Date of Birth 27, August 1888
DAY MONTH YEAR

Place of Birth Canton, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 115 Randolph, S. Weymouth
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 307 Commercial, E. Braintree, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted July 21, '18 S. Weymouth, Mass.

Date and Place Where Mustered In or Reported for Duty July 22, '18 S. Braintree

Give Government Identification Tag Number 3148739

Co., Regt., Ship, or Service, First Assigned to and Date July 22, 1918.
5th. Co. 151st. Depot Brigade.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co I. 73rd Infantry. August 1, 1918

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Mass.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

.....

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....January 29, 1919.....

Where Discharged from Service .....Camp Devens, Mass.....

For What Reason Discharged from Service.....Demobilization.....

If Given Medal of Honor, Give Action and Date .....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service ..... Carpenter

Married or Single ..... Married

If Ever Married, Maiden Name of Wife (or Wives) Ruth Blanche Krebs

Date and Place of Marriage to Wife (or Wives) June 19, 1919. Boston, Mass.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted .....

If Married was Your Wife Ever Married Before Married to You ..... Yes

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

Adolph Krebs. Divorced, April 1916.
Dedham, Mass.

Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence .....

Name of Mother and Place of Residence .....

Are You Without the Foregoing Relatives in This Country ..... Yes

If So, Have You a Brother or Sister Here ..... Yes

And if so, Give Full Name and Address of Either or Both .....

Alfred Crowd, Jr. Canton, Mass.
Olive G. Crowd, Boston, Mass.

Have You a War Risk Insurance Policy .....

Give Number of Policy .....

What Was Your Weight When Entering the Service ..... 161 lbs.

Your Height in Feet and Inches ..... 5' 7½"

Your Complexion—White or Colored ..... Indian

Color of Your Eyes ..... Dark Brown

Color of Your Hair ..... Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Donald Graber, East Weymouth, Mass

Ellsworth Orr Weymouth, Mass

Henry Gagner Quincy, Mass

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name David Chester Crowd
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name David Chester Crowd
AS APPEARS ON THE SERVICE ROLL

Date of Birth 13 January 1891
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Indian Lane, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Indian Lane, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, April 26, 1918

Date and Place Where Mustered In or Reported for Duty Apr. 26, 1918 Canton

Give Government Identification Tag Number 1692616

Co., Regt., Ship, or Service, First Assigned to and Date
31st Co. 8th Battalion Depot Brigade.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co. B. 367th Infantry.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force.

If so, Date and Ship from the United States or Canada

Port Sailed From for Overseas Hoboken, N. J.

Date of Arrival Overseas June 15, 1918

Port of Arrival Overseas Brest, France

Date and Ship Sailed Returning Home March 6, 1919

Port Sailed from Returning Home Hol

Date of Arrival from Overseas Hoboken, N. J.

Place of Arrival in United States

Important Places Where Stationed Overseas Vaugu Le Fonan, Aug 18, - Sept.

Meuse-Argonne Sept 25, Sept 30, 1918

Marbache Nov 11, 1918

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any None

When Discharged from Service March 19, 1919.

Where Discharged from Service Camp Devens, Mass

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date Yes

If Given Citation or Certificate of Merit, Give Service and Date

Other Medals and Foreign Decorations

Kind of Occupation Before War Service Farmer

Married or Single Single

If Ever Married, Maiden Name of Wife (or Wives)

Date and Place of Marriage to Wife (or Wives)

Date and Place of Death of Wife (or Wives)

If Any Divorce, Date and Place Where Granted

If Married was Your Wife Ever Married Before Married to You

If So, Name of Former Husband, and Date and Place of His Death or Divorce

Names, Ages and Places of Birth of All Children, if any

Name of Father and Place of Residence

Name of Mother and Place of Residence

Are You Without the Foregoing Relatives in This Country Yes

If So, Have You a Brother or Sister Here

And if so, Give Full Name and Address of Either or Both

Have You a War Risk Insurance Policy

Give Number of Policy

What Was Your Weight When Entering the Service 169 lbs

Your Height in Feet and Inches 5' 11"

Your Complexion—White or Colored Dark

Color of Your Eyes Brown

Color of Your Hair Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Archie Kountze

Marcus Campbell

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

Medal for capturing prisoners while out on patrol.

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name David Crowley
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name David Crowley
AS APPEARS ON THE SERVICE ROLL

Date of Birth 8 April 1893
DAY MONTH YEAR

Place of Birth Leap, Co. Cork Ireland
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Green, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Green, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Oct 5, 1917

Date and Place Where Mustered In or Reported for Duty Oct 8, 1917

Give Government Identification Tag Number 1658343

Co., Regt., Ship, or Service, First Assigned to and Date
Co K. 302nd Infantry

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Mass
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada

Port Sailed From for Overseas Hoboken, N. J.

Date of Arrival Overseas July 11, 1918

Port of Arrival Overseas Liverpool, Eng.

Date and Ship Sailed Returning Home "Cape Finistere," Sept 2, 1918

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas Sept 11, 1918

Place of Arrival in United States Hoboken, N. J.

Important Places Where Stationed Overseas Achracon, Langres, Gondrecourt, Blois, St Aignan, Tours, Brest.

Participated in What Battles and Dates of Same Cognac

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Sept 15, 1918

Where Discharged from Service Camp Upton, New York

For What Reason Discharged from Service Services no longer required

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Chauffeur

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Michael Crowley, Cork, Ireland

Name of Mother and Place of Residence.....Minnie Donovan, " "

Are You Without the Foregoing Relatives in This Country .....Yes

If So, Have You a Brother or Sister Here.....No

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....150 lbs

Your Height in Feet and Inches.....5' 8"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Denis Murphy, 203 E. Second St, South Bost.

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Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John Crowley
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John Francis Crowley, Jr.
AS APPEARS ON THE SERVICE ROLL

Date of Birth 9 January 1895
DAY MONTH YEAR

Place of Birth Canton, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 50 Mechanic, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 50 Mechanic, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment July 3, 1918. Boston, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Oct 17, '18 Hingham

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
U. S. Naval Reserve Force

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service 2nd class Seaman

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Hingham, Mass.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Jan. 14, 1919.....

Where Discharged from Service .....Hingham, Mass.....

For What Reason Discharged from Service.....Released.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Steam-fitter.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....John J. Crowley, Canton

Name of Mother and Place of Residence.....Nora " .....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....430301 8.....

What Was Your Weight When Entering the Service .....158 lbs.....

Your Height in Feet and Inches.....5' 10"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Black.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John Patrick Cunningham
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John P Cunningham
AS APPEARS ON THE SERVICE ROLL

Date of Birth 17 June 1895
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 104 Walpole, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time now in service
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment July 27, 1917 Syracuse, N.Y.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty July 28, 1917 Syracuse

Give Government Identification Tag Number 558054

Co., Regt., Ship, or Service, First Assigned to and Date
Co. D. 47th Infantry

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Long Island. 1st Co. C.A.C.

Rank While in Service Private - Corporal - Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Syracuse, N.Y.
Camp Greene, N.C. Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada May 10, '18 Princess Mati

Port Sailed From for Overseas Hoboken, N. J.

Date of Arrival Overseas May 25, 1918

Port of Arrival Overseas Brest, France

Date and Ship Sailed Returning Home

Port Sailed from Returning Home Brest

Date of Arrival from Overseas Aug 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas Toul Sector

Germany - Army of Occupation

Dec 3, 1918.

Participated in What Battles and Dates of Same

Marne, July 1918. St Mihiel

Meuse-Argonne Sept 1918.

Chatteau Thierry

Wounded or Other Injuries Received in Action, Place and Date

Gassed - slightly

If Confined in Hospital, During What Time and Place Coblenz, Germany

Influenza and Erysipelas

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any None

When Discharged from Service Aug 24, 1919 Re-enlisted

Where Discharged from Service Camp Merritt, N. J.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Leather-worker

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Patrick J. Cunningham (deceased)

Name of Mother and Place of Residence.....Annie ..... " ..... Canton

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....140 lbs.

Your Height in Feet and Inches.....5' 6"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Joseph Francis Cunningham
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Joseph F. Cunningham
AS APPEARS ON THE SERVICE ROLL

Date of Birth 17 February 1893
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 104 Walpole, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 104 Walpole, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment April 21, 1918. Boston, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty May 8, 1918

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
U. S. Naval Reserve Force.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Gunner's Mate - 3rd Class.

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Newport R. I. Torpedo Station, New London, Ct. Submarine Base

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas ....No....

If so, Date and Ship from the United States or Canada ....

Port Sailed From for Overseas ....

Date of Arrival Overseas ....

Port of Arrival Overseas....

Date and Ship Sailed Returning Home....

Port Sailed from Returning Home....

Date of Arrival from Overseas....

Place of Arrival in United States ....

Important Places Where Stationed Overseas....

Participated in What Battles and Dates of Same....

Wounded or Other Injuries Received in Action, Place and Date ....

If Confined in Hospital, During What Time and Place ....

If Prisoner by Enemy, Date and Place of Capture....

Places Confined ....

Date and Place Released ....

Give Record of Service in Army or Navy before the German War if Any ....

When Discharged from Service....Placed on inactive duty, June 16

Where Discharged from Service ....

For What Reason Discharged from Service....On application....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Grocery clerk

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Patrick Cunningham, Deceased

Name of Mother and Place of Residence.....Annie " Canton

Are You Without the Foregoing Relatives in This Country .....No

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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.....

Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....

What Was Your Weight When Entering the Service .....168 lbs

Your Height in Feet and Inches.....5' 11"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Light

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Cornelius J. Coulon, 5 Ward St Worcester, Ma

John J. Bowler 64 Mountain St, Holyoke

Harry Donovan, Jr Mayfield, Illinois

Have You a Photograph of Self, in Service Uniform, to Give Town ..... No.

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Richard Sinclair West Cuma
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Richard S. W. Cuma
AS APPEARS ON THE SERVICE ROLL

Date of Birth 3 September 1899
DAY MONTH YEAR

Place of Birth Much Hadham, Hertfordshire, Eng.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 128 Walpole, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 37 Norfolk, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment April 1, 1918 Boston, Mass.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty April 29, 1918

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date April 29, 1918.
Co. E 2nd Naval District Receiving Barracks

Other Regiments, Ships or Branches of Services, Transferred to and Dates Naval Signal Station, Ft. Adams, Newport June 11 to July 1, 1918
U. S. S. Newark, New York Jan 21 to Jan 30, 1919

Rank While in Service Seaman 2nd Class. Q. M. 3rd class

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Newport R. I.
Camp Oman - Aquidneck R. I. Sept 15 - Nov 16, 1918

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service Feb. 14, 1919

Where Discharged from Service Newport, R.I.

For What Reason Discharged from Service Released on application

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Stenographer

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.Richard Curra, Canton, Mass

Name of Mother and Place of Residence...Catherine ..... " ..... " ..

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....2393070.....

What Was Your Weight When Entering the Service .....128 lbs.....

Your Height in Feet and Inches.....5' 8 3/4"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....
H. R. Lane, 6 May Ave. Cuyahoga Falls, Ohio
D. L. Drennch, 26 Stanwood St, Providence,

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Edward John Curran
COMPLETE NAME NO INITIALS. PLEASE WRITE PLAINLY

Name Edward J. Curran
AS APPEARS ON THE SERVICE ROLL

Date of Birth 5 September 1893
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 35 Lewis, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 35 Lewis, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Oct 5, 1917 Canton

Date and Place Where Mustered In or Reported for Duty Camp Devens, Oct 5, 1917

Give Government Identification Tag Number 1659002

Co., Regt., Ship, or Service, First Assigned to and Date

Co E. 302nd Infantry

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Co E. 30th Infantry - July 1918

Rank While in Service Private - Corporal - Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada July 3, 1918. "Aquitania"

Port Sailed From for Overseas New York

Date of Arrival Overseas July 12, 1918

Port of Arrival Overseas Liverpool, Eng.

Date and Ship Sailed Returning Home July 13, 1919 "Pastores"

Port Sailed from Returning Home St Nazaire, France

Date of Arrival from Overseas July 23, 1919.

Place of Arrival in United States Brooklyn, N. Y.

Important Places Where Stationed Overseas St Mihiel Sept 1918.

Meuse Argonne Oct-Nov 1918

Coblenz Dec-Jan 1919. St Nazaire 1919.

Participated in What Battles and Dates of Same

St Mihiel. Meuse-Argonne

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service July 29, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Tool-maker.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Bartholomew Curran, Canton

Name of Mother and Place of Residence.....Julia " (deceased)

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....170 lbs.....

Your Height in Feet and Inches.....5' 9"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Charles Donahue, Main St. Walpole, Mass

Charles Monroe, Lincoln St. Franklin.

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Have You a Photograph of Self, in Service Uniform, to Give Town .....No.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name James Joseph Cuvnan
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name James J. Cuvnan
AS APPEARS ON THE SERVICE ROLL

Date of Birth 20 June 1897
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 35 Lewis, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 35 Lewis, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Oct 15, 1918

Date and Place Where Mustered In or Reported for Duty Ft. Rodman N. B. Oct 23, '18

Give Government Identification Tag Number

Co., Regt., Ship, or Service. First Assigned to and Date
2nd Mine Co. C. A. C.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private 1st Class

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
Ft Rodman, New Bedford, Mass

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Dec. 19, 1918.....

Where Discharged from Service .....Ft. Rodman, Mass.....

For What Reason Discharged from Service.....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Shipper.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Bartholomew Curran, Canton

Name of Mother and Place of Residence.....Julia ..... " ..... (deceased)

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....170 lbs.....

Your Height in Feet and Inches.....6'.....

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

J. Francis Carroll, Canton, Mass

Wm. J. Brennan, Whitman, Mass

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name William Bellows Curtis
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name William B. Curtis
AS APPEARS ON THE SERVICE ROLL

Date of Birth 11 March 1896
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 222 Sherman, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 288 Sherman, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Aug 29, 1918. Canton, Mass

Date and Place Where Mustered In or Reported for Duty Aug 29, '18 Camp Devens

Give Government Identification Tag Number 4189251

Co., Regt., Ship, or Service, First Assigned to and Date Aug 29, 1918
21st Co. 6th Batt. 151st Depot Brigade

Other Regiments, Ships or Branches of Services, Transferred to and Dates Oct 2, 1918
12th Div. Mail Department

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
Camp Devens, Ayer, Mass.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....January 21, 1919.....

Where Discharged from Service .....Camp Devens.....

For What Reason Discharged from Service.....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Carpenter

Married or Single .....Married

If Ever Married, Maiden Name of Wife (or Wives)..Mary G. Gowley

Date and Place of Marriage to Wife (or Wives)July 11, '17 Canton, Mass

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

William F. Curtis, Jr. Oct 30, 1919. Canton

.....

Name of Father and Place of Residence..Clinton M. Curtis, Canton

Name of Mother and Place of Residence..Caroline E. " "

Are You Without the Foregoing Relatives in This Country .....No

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No

Give Number of Policy.....

What Was Your Weight When Entering the Service .....170 lbs.

Your Height in Feet and Inches.....6'

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Thomas A. Dunn, Utica, N. Y.

Ray V. Hannaford, Portland, Me.

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John Herbert Edwin Cushman
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John H. Cushman
AS APPEARS ON THE SERVICE ROLL

Date of Birth 26 December 1898
DAY MONTH YEAR

Place of Birth Schenectady, New York
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 76 Sherman, Canton,
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 76 Sherman, Canton
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Sept 25, 1918

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Oct 10, 1918

Give Government Identification Tag Number 4917019

Co., Regt., Ship, or Service, First Assigned to and Date
Co. A. S. A. T. C.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
915 Boylston St, Boston, Mass

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service....Dec. 11, 1918.....

Where Discharged from Service ..915 Boylston St, Boston.....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Dairy Owner.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....George H. Cushman, Canton

Name of Mother and Place of Residence.....Florence M. Gill..... "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....160 lbs.....

Your Height in Feet and Inches.....5' 9"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Harold B. Weber, Brookline, Mass

Cecil Brown, Brockton, "

Henry Irving, North Easton, "

Have You a Photograph of Self, in Service Uniform, to Give Town ..... No

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Raymond Winthrop Cushman
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Raymond W. Cushman
AS APPEARS ON THE SERVICE ROLL

Date of Birth 18 March 1893
DAY MONTH YEAR

Place of Birth Lynn, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 76 Sherman, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 1724 Market, Jacksonville, Fla.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment May 7, 1917 Boston, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty May 9, '17 Plattsburg, N.Y.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
1st Officers' Training Camp Plattsburg

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Motor Truck Co. #439
" Supply Train 414.

Rank While in Service 2nd Lieut. 1st Lieut

If Commissioned Officer Give Date of Commission Aug. 15, 1917.

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas
Plattsburg

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada July 10, 1918. "Mateonia"

Port Sailed From for Overseas Newport News Va.

Date of Arrival Overseas July 21, 1918

Port of Arrival Overseas Brest, France

Date and Ship Sailed Returning Home Sept 17, 1919 "Agammemnon"

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas Sept 26, 1919

Place of Arrival in United States Hoboken, N. J.

Important Places Where Stationed Overseas

St Mihiel, Argonne

Germany

Participated in What Battles and Dates of Same

St Mihiel Offensive Sept 6-16, 1919

Meuse Argonne " Sept 21-Nov 4, '19

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Oct 16, 1919

Where Discharged from Service Camp Dix, New Jersey

For What Reason Discharged from Service

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Bank Clerk.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives)..Ruth Carr Mabry

Date and Place of Marriage to Wife (or Wives) July 8, 1918. Newport News

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence George H. Chapman, Canton

Name of Mother and Place of Residence Florence M. " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....143 lbs.....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Black.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

.....

.....

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Robert G. Cushman
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth 15th (DAY) June (MONTH) 1901 (YEAR)

Place of Birth Schenectady (CITY OR TOWN) New York (STATE OR COUNTRY)

Place of Residence When Entering the Service 76 Sherman St. (STREET AND NUMBER), Canton (CITY OR TOWN), Mass. (STATE)

Place of Residence at Present Time Unkown (STREET AND NUMBER) (CITY OR TOWN) (STATE)

Enlisted ~~or Drafted~~ Invice

Date and Place of Enlistment 1st - Niagara on the Lake - Aug 24-1915. Discharged Oct. 12-1915 being under age.
2nd - St. John, Quebec Feb. 7-1916

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number 1st - 409599
2nd 178203

Co., Regt., Ship, or Service, First Assigned to and Date 87th Battalion Canadian Grenadier Guards

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Canadian

If so, Date and Ship from the United States or Canada Empress of Britian

Port Sailed From for Overseas Halifax, Nova Scotia

Date of Arrival Overseas

Port of Arrival Overseas

Date and Ship Sailed Returning Home

Port Sailed from Returning Home

Date of Arrival from Overseas July - (about the 4th) 1917

Place of Arrival in United States

Important Places Where Stationed Overseas On the Somma from Aug to Oct. 18-1916 when wounded and removed to England

Participated in What Battles and Dates of Same Regina Ridge

Wounded or Other Injuries Received in Action, Place and Date Wounded in head at base of brain Oct 18-1916 (Twice wounded same day, first in leg, then in head)

If Confined in Hospitals ~~During What Time and Place~~ from Oct. 18-1916 when taken to Corlish Eng. then from one to another of which I have no knowledge until he was admitted on Apr 25-1917 to the 2nd Eastern General Hospital at Brighton Eng. suffering from Concussion and Shell Shock. From there he was sent back to Canada to the Drummond St Hospital arriving there the early part of July 1917.

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service 1st Sq* 409599 - Oct. 12, 1915 2nd " 128203 Not known when

Where Discharged from Service 1st Niagara on the Lake 2nd Not known

For What Reason Discharged from Service 1st Under age 2nd On account of wounds

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Student.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....George H. Cushman, Canton, Mass.

Name of Mother and Place of Residence.....Florence M. Cushman " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both John Herbert Edwin Cushman
Ethel Ida Cushman of Canton - Mass.
Raymond W. Cushman - Jacksonville, Florida

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service 152 lbs

Your Height in Feet and Inches.....5 ft 10½ inches

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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.....

Have You a Photograph of Self, in Service Uniform, to Give Town Yes.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

Am trying to get more of Robert's war dates and record from the Canadian government, as Robert was last heard from at Liverpool, England, and his present whereabouts is unknown to me.....

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Thomas W. Daggett
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name .....
AS APPEARS ON THE SERVICE ROLL

Date of Birth.....
DAY MONTH YEAR

Place of Birth.....
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service.....
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time.....
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted.....

Date and Place of Enlistment.....

Date and Place Where Drafted.....

Date and Place Where Mustered In or Reported for Duty .....

Give Government Identification Tag Number.....

Co., Regt., Ship, or Service, First Assigned to and Date .....

.....

Other Regiments, Ships or Branches of Services, Transferred to and Dates.....

.....

.....

Rank While in Service.....Private.....

If Commissioned Officer Give Date of Commission.....

If Appointed Officer Give Date of Every Appointment .....

If Not Overseas, Where Stationed While in Service.....

.....

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

.....

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

.....

.....

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Emil A. Dahlke
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Emil A. Dahlke
AS APPEARS ON THE SERVICE ROLL

Date of Birth 1 August 1892
DAY MONTH YEAR

Place of Birth Brooklyn, New York
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 277 Sherman, Canton
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 24 Second, Troy, N.Y.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment May 25, 1918 Albany, N.Y.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Aug 19, '18 Pelham Bay, N.Y.

Give Government Identification Tag Number

Co., Regt., Ship, or Service. First Assigned to and Date U. S. Naval Training Station, Pelham Bay

Other Regiments, Ships or Branches of Services, Transferred to and Dates Oct, 1918 Federal Rendezvous, 52d St, Brooklyn
U.S.S. Kennah, Sec. Base 6 " Nov. '18

Rank While in Service 2nd Class Electrician

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Patrol Duty

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

.....

.....

.....

Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

.....

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service Jan. 25, 1919

Where Discharged from Service 3rd Naval Dist. Broadway, N. Y.

For What Reason Discharged from Service Released from active duty

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Textile

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....Augusta W. Dahlke

Are You Without the Foregoing Relatives in This Country .....No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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.....

Have You a War Risk Insurance Policy.....Yes.

Give Number of Policy.....

What Was Your Weight When Entering the Service .....153 lbs

Your Height in Feet and Inches.....5' 9 1/2"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

William Shea, Bennington, Vt.

Spencer Young, Brooklyn, N.Y.

Charles O'Donnell, Dorchester, Mass.

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name William Francis Dailey
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name William Francis Dailey
AS APPEARS ON THE SERVICE ROLL

Date of Birth 23 September 1891
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 36 Walnut, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 36 Walnut, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Sept 20, 1917. Canton, Mass

Date and Place Where Mustered In or Reported for Duty Sept 26, 1917

Give Government Identification Tag Number 2309619

Co., Regt., Ship, or Service, First Assigned to and Date
Co. K. 302nd Infantry

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co. F. 163rd Infantry.
Casual Detachment. 2 M.C.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Ayer, and overseas.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada Mar. 12, 18 "Great Northe

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas March 20, 1918

Port of Arrival Overseas Brest, France

Date and Ship Sailed Returning Home Apr. 20, 1919 "Finland"

Port Sailed from Returning Home St Nazaire

Date of Arrival from Overseas April 30, 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas Brest, St Aignan,

St Nazaire, Montair

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place April 1918

St Aignan, France

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service May 13, 1919

Where Discharged from Service Camp Devens, Ayer, Mass

For What Reason Discharged from Service Casual

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Book-keeper.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives) Kathryn A. Ducey

Date and Place of Marriage to Wife (or Wives) Concord, N.H. Nov 18, 1917

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence John Dailey, Canton, Mass

Name of Mother and Place of Residence Mary " " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....404670 & 264155.....

What Was Your Weight When Entering the Service .....135.....

Your Height in Feet and Inches.....5' 5 1/8"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

George A. O'Brien, Canton, Mass

Francis E. Dockray, " "

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Robert Vincent Dallahan
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Robert V Dallahan
AS APPEARS ON THE SERVICE ROLL

Date of Birth 29 March 1894
DAY MONTH YEAR

Place of Birth Plattsburg, New York
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 854 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 854 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Feb 12, 1917 South Armory, Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty July 25, 1917 Ft Banks, Boston

Give Government Identification Tag Number 204909

Co., Regt., Ship, or Service, First Assigned to and Date 7th Coast Artillery Mass National Guard

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co B. 101st Ammunition Train Aug 24, 1917.
Headquarters 101st Ammunition Train Apr 20, '18

Rank While in Service 1st Class Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada Oct 3, '17 "Arvinna"

Port Sailed From for Overseas New York.

Date of Arrival Overseas Oct 17, 1917

Port of Arrival Overseas Liverpool, Eng.

Date and Ship Sailed Returning Home Mar. 11, '19 "Finland"

Port Sailed from Returning Home St Nazaire, France

Date of Arrival from Overseas Mar. 23, 1919

Place of Arrival in United States Newport News, Va.

Important Places Where Stationed Overseas Rennes, Loissons, Toul, Chatteau Thierry, Epieds, Rupt, Verdun.

Participated in What Battles and Dates of Same Chemin des Dames, Feb 13-Mar 21, '18. Apremont, Apr. 10-12-13. Toul Mar. 23-June 28, '18 Chatteau Thierry & Loissons July 18-28. St Mihiel, Argonne.

Wounded or Other Injuries Received in Action, Place and Date

Gassed, slightly, Oct 4, 1918.

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any National Guard Feb 12-July 25, 1917.

When Discharged from Service April 17, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service....Asst. Foreman, Dying Mill

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.John Dallahan (deceased)

Name of Mother and Place of Residence.Bridget ..... " ..... Plattsburg

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....5' 9½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Dark Red

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Daniel J. Coughlin, Dorchester, Mass

Dr. McKenna, Canton, Mass

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Augustine Peter Daly
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Augustine Peter Daly
AS APPEARS ON THE SERVICE ROLL

Date of Birth 31 July 1898
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 16 Ames Ave. Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 16 Ames Ave. Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number 4914782

Co., Regt., Ship, or Service, First Assigned to and Date
Co. H. Harvard Unit, S. A. T. C.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Cambridge, Mass

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Student.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Peter Daly, Canton, Mass

Name of Mother and Place of Residence.....Hannah " " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....115 lbs.....

Your Height in Feet and Inches.....5' 3"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Light Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

John M. Boyle, East Boston, Mass.

Merle E. Curtis, Davifax Hall, Cambridge

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Clifford William Daly.
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Clifford W. Daly
AS APPEARS ON THE SERVICE ROLL

Date of Birth 18 January 1895
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 16 Ames Ave. Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 16 Ames Ave, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Sept. 21, 1917 Canton, Mass

Date and Place Where Mustered In or Reported for Duty Sept 21, '17 Camp Devens

Give Government Identification Tag Number 1658344

Co., Regt., Ship, or Service, First Assigned to and Date Co. K. 302nd Inf.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Supply Co. April 1, 1918

Rank While in Service Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas ....Yes....

American Expeditionary Force

If so, Date and Ship from the United States or Canada July 4, '18 "Aquitania"

Port Sailed From for Overseas ....Hoboken, N.J.....

Date of Arrival Overseas ....July 11, 1918....

Port of Arrival Overseas....Liverpool, Eng....

Date and Ship Sailed Returning Home..Feb 5, '19 "West Virginia"

Port Sailed from Returning Home....Brest, France....

Date of Arrival from Overseas....Feb. 17, 1919....

Place of Arrival in United States ....Hoboken, N.J.....

Important Places Where Stationed Overseas....La Havre, Bordeau,

St Aignan.....

Participated in What Battles and Dates of Same.....

Wounded or Other Injuries Received in Action, Place and Date .....

If Confined in Hospital, During What Time and Place .....

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

When Discharged from Service....Feb. 28, 1919....

Where Discharged from Service ....Camp Dix, N.J.....

For What Reason Discharged from Service....Demobilization....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Clerk.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Peter Daly, Canton, Mass

Name of Mother and Place of Residence.....Hannah " " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....149 lbs.....

Your Height in Feet and Inches.....5' 8"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

William Connors, Canton, Mass

Joseph Whitty " "

Frank Kenefic " "

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John Oliver Daly
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John O. Daly
AS APPEARS ON THE SERVICE ROLL

Date of Birth 7 February 1893
DAY MONTH YEAR

Place of Birth Canton, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 16 Ames Ave. Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 16 Ames Ave. Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Oct 5, 1917. Canton

Date and Place Where Mustered In or Reported for Duty Oct 5, '17 Camp Devens

Give Government Identification Tag Number 1658757

Co., Regt., Ship, or Service, First Assigned to and Date Co. K. 302nd Inf.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Jan. 5, 1918
Headquarters Co. 302nd Inf.

Rank While in Service Battalion Sergeant Major

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Forces

If so, Date and Ship from the United States or Canada July 5, '18 "Aquitania"

Port Sailed From for Overseas New York

Date of Arrival Overseas July 12, 1918

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home July 7, '19 "Santa Eliza"

Port Sailed from Returning Home Brest

Date of Arrival from Overseas July 20, 1919

Place of Arrival in United States South Brooklyn, N.Y.

Important Places Where Stationed Overseas Bordeau Chaumont

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service July 25, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date May 31, '19

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Clerical Work

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence Peter Daly, Canton, Mass

Name of Mother and Place of Residence Hannah " " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....130 lbs.

Your Height in Feet and Inches.....5' 6"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Joseph Whitty, Canton, Mass.

Harold Berry, Detroit, Mich.

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Joseph J. Daly
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Joseph J. Daly
AS APPEARS ON THE SERVICE ROLL

Date of Birth 27 March 1889
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 16 Ames Ave. Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 506 Clinton Ave. Brooklyn, N.Y.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Nov. 30, '17. Navy Yard, Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Dec. 11, '17 Navy Yard

Give Government Identification Tag Number

Co., Regt., Ship. or Service, First Assigned to and Date
U. S. Naval Reserve Force

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Chief Yeoman

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Commonwealth Pier, Boston Washington, D. C.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

.....

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....March 15, 1919.....

Where Discharged from Service .....Washington, D. C.....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence Peter Daly, Canton, Mass

Name of Mother and Place of Residence Hannah " " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....146.....

Your Height in Feet and Inches.....5" 10½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Sandy

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Hugh P. McCarland, 72 W 92nd St. N.Y.

Richard N. Barnes, 187 Linden Ave. N.Y.

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name George Irwin Dana
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name George I. Dana
AS APPEARS ON THE SERVICE ROLL

Date of Birth 10 April 1896
DAY MONTH YEAR

Place of Birth Canton, Massachusetts
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 442 Wash. St. Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 442 Wash. St. Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Aug. 5, 1917. Paris Island. S.C.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Aug. 5, 1917 Paris Is.

Give Government Identification Tag Number

Co., Regt., Ship. or Service, First Assigned to and Date 121st Co. 9th Reg. U. S. Marine Corps - Cuba - Nov. 19, 1917.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Snipers School - Quantico, Va. May 14, 1918.
Co. D. 13th Regt. Sept 3, 1918.

Rank While in Service Corporal.

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas

With Co. D. 13th. Reg. U. S. M. C.

If so, Date and Ship from the United States or Canada Sept 13, '18. "Von Steuben"

Port Sailed From for Overseas Hoboken, N. J.

Date of Arrival Overseas Sept 22, 1918.

Port of Arrival Overseas Brest, France

Date and Ship Sailed Returning Home Aug. 1, 1919. "Liboney"

Port Sailed from Returning Home Brest

Date of Arrival from Overseas Aug. 10, 1919.

Place of Arrival in United States Hampton Roads, Va.

Important Places Where Stationed Overseas

Bordeaux, Croix d'Mis, Le Mans, Bassens

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Aug. 13, 1919.

Where Discharged from Service Hampton Roads, Va.

For What Reason Discharged from Service Convenience of Government.

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Student.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....George E. Dana, Canton

Name of Mother and Place of Residence.....Mrs. " "

Are You Without the Foregoing Relatives in This Country .....No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

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Have You a War Risk Insurance Policy.....No.

Give Number of Policy.....

What Was Your Weight When Entering the Service .....148 lbs

Your Height in Feet and Inches.....5' 6"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

John Heinis, Independence St. Appleton, Wis

Harley Jaslin

L. B. Schmidt, 1136 Everett St, Louisville, Ky

Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

Eight months in Guantanamo Bay, Cuba, eleven in France; five in South Carolina, and Virginia

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Joseph Philip Danahy
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Joseph P. Danahy
AS APPEARS ON THE SERVICE ROLL

Date of Birth 28 November 1899
DAY MONTH YEAR

Place of Birth Canton, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 1077 Wash. St, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 1077 Washington, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Sept. 1918. Canton

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Oct. 15, 1918. Lowell

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Co. A. S. A. T. C.
Lowell Textile School Oct 15, '18

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
Lowell Textile School

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas ....No....

If so, Date and Ship from the United States or Canada

Port Sailed From for Overseas

Date of Arrival Overseas

Port of Arrival Overseas

Date and Ship Sailed Returning Home

Port Sailed from Returning Home

Date of Arrival from Overseas

Place of Arrival in United States

Important Places Where Stationed Overseas

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service ....December 1918....

Where Discharged from Service ..Lowell Textile School

For What Reason Discharged from Service ..Unit disbanded

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Student.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Timothy P. Danaby, Canton

Name of Mother and Place of Residence.....Elizabeth ..... " ..... "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....145 lbs.....

Your Height in Feet and Inches.....5' 10"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Black.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....No.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Thomas P. Danahy
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Thomas P. Danahy
AS APPEARS ON THE SERVICE ROLL

Date of Birth 8 March 1896
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 21 Capen Pl. Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Atherton St. Stoughton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Boston, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty April 1917

Give Government Identification Tag Number 61406

Co., Regt., Ship, or Service, First Assigned to and Date

Co. H. 101st U. S. Inf. 26th Div. 51 Brigade

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private - Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas Sept 21, 1917

Port of Arrival Overseas St Nazaire

Date and Ship Sailed Returning Home Feb 1, 1919. "Finland"

Port Sailed from Returning Home St Nazaire

Date of Arrival from Overseas Feb 13, 1919.

Place of Arrival in United States Hoboken.

Important Places Where Stationed Overseas Neufchateau, Bussy Audincourt, Lincourt, Bouncourtle, Vertaucy, Mandary

Participated in What Battles and Dates of Same

Chemen des Dames Feb. 6, 1918. Toul Sector and Chateau Thierry July 18, 1918

Wounded or Other Injuries Received in Action, Place and Date

Chateau Thierry, July 23, 1918

If Confined in Hospital, During What Time and Place

July 23 – Aug 31, 1918. Neauf chateau

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

9th Reg't, Boston, Mass.

When Discharged from Service Feb 24, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Spinner.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives) Mary E. Murphy

Date and Place of Marriage to Wife (or Wives) Framingham, Sept 15, 1917

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence Patrick Danahy, Canton, Mass

Name of Mother and Place of Residence Catherine " " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....2215478.....

What Was Your Weight When Entering the Service .....132 lbs.....

Your Height in Feet and Inches.....5' 11"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Light

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

William Whitty, Canton, Mass.

Patrick Murphy, Charlestown, Mass

John Hennessey, "

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Walter Llardano
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Walter Llardano
AS APPEARS ON THE SERVICE ROLL

Date of Birth 12 March 1894
DAY MONTH YEAR

Place of Birth Gattinara, Italy
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 193 Neponset, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 194 Neponset, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted July 29, 1918. Canton

Date and Place Where Mustered In or Reported for Duty July 29, 1918 Syracuse

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
334th Fire Guard Co.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
329th Fire Co. Oct 1918

Rank While in Service Private - 1st Class.

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
Camp Mills, Long Island.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Jan. 8, 1919.....

Where Discharged from Service .....Camp Mills, L. I.....

For What Reason Discharged from Service.....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Mechanical worker

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Louis Dardano. Deceased

Name of Mother and Place of Residence.....Joanna " Canton

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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.....

Have You a War Risk Insurance Policy.....No.

Give Number of Policy.....

What Was Your Weight When Entering the Service .....149 lbs.

Your Height in Feet and Inches.....5' 7¼"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town ..... No. .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission Be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Roger Bailey Davenport
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Roger B. Davenport
AS APPEARS ON THE SERVICE ROLL

Date of Birth 31 January 1889
DAY MONTH YEAR

Place of Birth Hyde Park, Massachusetts
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Blue Hill, Ponkapoag
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Blue Hill, Ponkapoag, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Oct 2, 1917. Canton, Mass

Date and Place Where Mustered In or Reported for Duty Oct 4, 1917 Canton

Give Government Identification Tag Number 2241448

Co., Regt., Ship. or Service, First Assigned to and Date
Co. K. 302nd Inf. Oct 5, 1917.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
23rd Co. 6th Brig. 151st Depot
Service Park Unit 348, Motor Transport.

Rank While in Service Private — Sergeant — Sergeant 1/c.

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment June 14, '18 Jan. 16, '19.

If Not Overseas, Where Stationed While in Service Camp Devens, Ayer, Mass.
Camp Travis, Ft. San Houston, Texas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas ....No.....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service....Feb. 12, 1919.....

Where Discharged from Service ....Camp Devens, Mass.....

For What Reason Discharged from Service...Demobilization.....

If Given Medal of Honor, Give Action, and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Machinist

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Roger S. Davenport, Canton.

Name of Mother and Place of Residence.....Sarah N. " .....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes — two

Give Number of Policy.....528128 977482

What Was Your Weight When Entering the Service .....117 lbs

Your Height in Feet and Inches.....5' 6"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Jos. E. Tremblay, 48 Prince, Salem, Mass

Stanley Crocker, New Bedford, Mass

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Glenna D. Gibson

COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name .....

AS APPEARS ON THE SERVICE ROLL

Date of Birth.....

DAY MONTH YEAR

Place of Birth.....

CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service.....

STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time.....

STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted.....

Date and Place of Enlistment.....

Date and Place Where Drafted.....

Date and Place Where Mustered In or Reported for Duty .....

Give Government Identification Tag Number.....

Co., Regt., Ship, or Service, First Assigned to and Date .....

.....

Other Regiments, Ships or Branches of Services, Transferred to and Dates.....

.....

.....

Rank While in Service.....

If Commissioned Officer Give Date of Commission.....

If Appointed Officer Give Date of Every Appointment .....

If Not Overseas, Where Stationed While in Service .....

.....

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Amadeus De Carvalhio
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name .....
AS APPEARS ON THE SERVICE ROLL

Date of Birth.....
DAY MONTH YEAR

Place of Birth.....
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service.....
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time.....
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted.....

Date and Place of Enlistment.....

Date and Place Where Drafted.....

Date and Place Where Mustered In or Reported for Duty .....

Give Government Identification Tag Number.....

Co., Regt., Ship, or Service, First Assigned to and Date .....

.....

Other Regiments, Ships or Branches of Services, Transferred to and Dates.....

.....

.....

Rank While in Service.....

If Commissioned Officer Give Date of Commission.....

If Appointed Officer Give Date of Every Appointment .....

If Not Overseas, Where Stationed While in Service.....

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Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Ettore Delvecchio
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth 3 December 1890
DAY MONTH YEAR

Place of Birth
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Deceased
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
278 Regg. Infantria, 5th Co.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
252 Infantria, 7th Co.

Rank While in Service Corporal

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes, Italian Forces

If so, Date and Ship from the United States or Canada

Port Sailed From for Overseas

Date of Arrival Overseas

Port of Arrival Overseas

Date and Ship Sailed Returning Home

Port Sailed from Returning Home

Date of Arrival from Overseas

Place of Arrival in United States

Important Places Where Stationed Overseas

Participated in What Battles and Dates of Same Piave River, 1917.

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service

Where Discharged from Service

For What Reason Discharged from Service

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....Dec. 13, 1917.....

Give Place of Death and Place of Burial.....St. Benetta.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Lorenzo Delvecchio
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth
DAY MONTH YEAR

Place of Birth
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date 5° Reparto Dassalto, 18° Compagnia, 2° Armata

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
Province Udine, Italy

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence Vincenzo Delvecchio, Canton.

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Joseph Dimaro
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth
DAY MONTH YEAR

Place of Birth
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 235 Grafton St., Brockton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any ....

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Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both ....

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Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Loreto Dimascio
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Loreto Dimascio
AS APPEARS ON THE SERVICE ROLL

Date of Birth 12 (DAY) January (MONTH) 1895 (YEAR)

Place of Birth Pettorano, (CITY OR TOWN) Italy (STATE OR COUNTRY)

Place of Residence When Entering the Service 425 Sherman, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass. (STATE)

Place of Residence at Present Time P.O. Box 11 (STREET AND NUMBER) Rumford, (CITY OR TOWN) Maine (STATE)

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted July 9, 1918 Canton, Mass

Date and Place Where Mustered In or Reported for Duty Ft. Slocum, N.Y.

Give Government Identification Tag Number 3589012

Co., Regt., Ship, or Service, First Assigned to and Date

4th Co. Coast Artillery

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Batt. D. 37th Reg't. C.A.C.
then back 4th Co. C.A.C.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Ft. Slocum, N.Y.
Ft. Hancock, N.J. Camp Eustis, Va.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas ....None....

If so, Date and Ship from the United States or Canada ....

Port Sailed From for Overseas ....

Date of Arrival Overseas ....

Port of Arrival Overseas ....

Date and Ship Sailed Returning Home ....

Port Sailed from Returning Home ....

Date of Arrival from Overseas ....

Place of Arrival in United States ....

Important Places Where Stationed Overseas ....

Participated in What Battles and Dates of Same ....

Wounded or Other Injuries Received in Action, Place and Date ....

If Confined in Hospital, During What Time and Place ....

If Prisoner by Enemy, Date and Place of Capture ....

Places Confined ....

Date and Place Released ....

Give Record of Service in Army or Navy before the German War if Any ....None....

When Discharged from Service ....May 31, 1919....

Where Discharged from Service ....Ft. H. G. Wright, N. Y.....

For What Reason Discharged from Service ....Demobilization....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Laborer.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Alessandis Dimoscio, Pettorana

Name of Mother and Place of Residence.....Carolina.....".....

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....No.....

And if so, Give Full Name and Address of Either or Both .....

.....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....128 lbs.....

Your Height in Feet and Inches.....5' 1¼"

Your Complexion—White or Colored .....Ruddy

Color of Your Eyes.....Brown

Color of Your Hair .....Light Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....
Wm. J. La Bossiere, Berlin, N. H.
H. J. Provost, Ft Hancock, N. J.
Mike Lizak, Fall River, Mass

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Wilfred Edward Dringe
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Wilfred Edward Dringe
AS APPEARS ON THE SERVICE ROLL

Date of Birth 30 (DAY) March (MONTH) 1895 (YEAR)

Place of Birth Milton, (CITY OR TOWN) Mass. (STATE OR COUNTRY)

Place of Residence When Entering the Service 1825 Wash. (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass. (STATE)

Place of Residence at Present Time 1825 Washington, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass. (STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment Apr. 25, 1918 Boston Navy Yard.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty May 6, 1918

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
U. S. Naval Base, Block Island, R. I.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Lady Mary, S. P. 212.

Rank While in Service Seaman 2/c Quartermaster 3/c.

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Block Is. R. I.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas ....No....

If so, Date and Ship from the United States or Canada ....

Port Sailed From for Overseas ....

Date of Arrival Overseas ....

Port of Arrival Overseas....

Date and Ship Sailed Returning Home....

Port Sailed from Returning Home....

Date of Arrival from Overseas....

Place of Arrival in United States ....

Important Places Where Stationed Overseas....

Participated in What Battles and Dates of Same....

Wounded or Other Injuries Received in Action, Place and Date ....

If Confined in Hospital, During What Time and Place ....

If Prisoner by Enemy, Date and Place of Capture....

Places Confined ....

Date and Place Released ....

Give Record of Service in Army or Navy before the German War if Any ....None....

When Discharged from Service....Feb. 3, 1919....

Where Discharged from Service ....Newport R. I.....

For What Reason Discharged from Service....Demobilization....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Insurance.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....

Name of Mother and Place of Residence..Mary E. Dings, Canton, Mass.

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....2264646.....

What Was Your Weight When Entering the Service .....128 lbs.....

Your Height in Feet and Inches.....5' 6"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name James Augustine Dockray
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name James A. Dockray
AS APPEARS ON THE SERVICE ROLL

Date of Birth 4th (DAY) May (MONTH) 1897 (YEAR)

Place of Birth Canton, (CITY OR TOWN) Mass. (STATE OR COUNTRY)

Place of Residence When Entering the Service 44 High, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Place of Residence at Present Time 44 High, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment July 16, 1918, Boston, Mass.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Sept. 4, 1918.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
Co. 542. 10th Reg't

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co. A. 1st. Reg't
Co. S. 15th Reg't

Rank While in Service Quartermaster 2/c.

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
Great Lakes Training Station, Ill.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Jan. 4, 1919.....

Where Discharged from Service .....Great Lakes Training Sta.

For What Reason Discharged from Service...Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Michael J. Dockeray, Canton.

Name of Mother and Place of Residence.....Ellen " , Deceased.

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....No.

Give Number of Policy.....

What Was Your Weight When Entering the Service .....150 lbs.

Your Height in Feet and Inches.....5' 6"

Your Complexion—White or Colored .....Light

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....
John F. Conway, 71 Cross, Franklin, Mas
John J. Devlin, 40 Park, Stoneham, Ma
W. L. Heller, 1092 Riverside Drive, So. Bend, In

Have You a Photograph of Self, in Service Uniform, to Give Town ..... No.

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Stanley Henderson Dodge
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Stanley H. Dodge
AS APPEARS ON THE SERVICE ROLL

Date of Birth 16 January 1900
DAY MONTH YEAR

Place of Birth Somerville, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 2366 Wash. Ponkapoag, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 2366 Washington, Ponkapoag.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Feb. 21, 1918 Boston, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Feb 21, 1918.

Give Government Identification Tag Number 591586

Co., Regt., Ship, or Service, First Assigned to and Date
Feb. 21, 1918 - 3rd Signal Service.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co. B. 209th Field Sig. Batt. July 21, 1918.

Rank While in Service Private 1/c Corporal

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service University of Vermont, Burlington, Vt. Camp Sheridan, Ala.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas ....No....

If so, Date and Ship from the United States or Canada

Port Sailed From for Overseas

Date of Arrival Overseas

Port of Arrival Overseas

Date and Ship Sailed Returning Home

Port Sailed from Returning Home

Date of Arrival from Overseas

Place of Arrival in United States

Important Places Where Stationed Overseas

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any ....None.

When Discharged from Service....March 21, 1919.

Where Discharged from Service ....Camp Devens, Ayer, Mass.

For What Reason Discharged from Service....Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Clerk

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence..Elmer P. Dodge, Ponkapoag

Name of Mother and Place of Residence..Susan H. " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....170586

What Was Your Weight When Entering the Service .....120 lbs.

Your Height in Feet and Inches.....5' 7"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Samuel Barken, Doan St., Dorchester,
George Gleason, Burlington Vt.
Paul Chapman, Vermont

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Patrick John Donahue
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Patrick John Donahue
AS APPEARS ON THE SERVICE ROLL

Date of Birth 15 August 1896
DAY MONTH YEAR

Place of Birth County Cork Ireland
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 46 Centre, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 46 Centre, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment July 31, 1918. Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Boston, Aug 2, 1918

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
Training Sta. Hampton Roads, Va.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
U. S. S. Zeelandia

Rank While in Service Boatswain's Mate 2/c

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas ....No....

If so, Date and Ship from the United States or Canada

Port Sailed From for Overseas

Date of Arrival Overseas

Port of Arrival Overseas

Date and Ship Sailed Returning Home

Port Sailed from Returning Home

Date of Arrival from Overseas

Place of Arrival in United States

Important Places Where Stationed Overseas

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service....Oct. 14, 1919

Where Discharged from Service ..Rec. ship at Boston

For What Reason Discharged from Service....End of War

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Chauffeur.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....John Donahue, Ireland

Name of Mother and Place of Residence.....Mary.....".....".....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....175 lbs.....

Your Height in Feet and Inches.....5' 11"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....
Ralph D Scales, Elgin, Ill

Have You a Photograph of Self, in Service Uniform, to Give Town ..... No.

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

Made 10 trips across, on transport duty.

GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name George Andrew Doody
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name George Andrew Doody
AS APPEARS ON THE SERVICE ROLL

Date of Birth 13 November 1899
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 178 Mechanic, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 178 Mechanic, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment New Haven, Conn. Dec. 11, 1917

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Dec. 11, 1917 New Haven

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
U. S. S. Leviathan

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Seaman

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas ....No....

If so, Date and Ship from the United States or Canada ....

Port Sailed From for Overseas ....

Date of Arrival Overseas ....

Port of Arrival Overseas....

Date and Ship Sailed Returning Home....

Port Sailed from Returning Home....

Date of Arrival from Overseas....

Place of Arrival in United States ....

Important Places Where Stationed Overseas....

Participated in What Battles and Dates of Same....

Wounded or Other Injuries Received in Action, Place and Date ....

If Confined in Hospital. During What Time and Place ....

If Prisoner by Enemy, Date and Place of Capture....

Places Confined ....

Date and Place Released ....

Give Record of Service in Army or Navy before the German War if Any ....None....

When Discharged from Service....Nov 4, 1919 Reenlisted Jan 19, '20

Where Discharged from Service ....Hingham, Mass.

For What Reason Discharged from Service....Demobilization

If Given Medal of Honor, Give Aetion and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Oecupation Before War Service.....Spinner.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence...James Doody, Canton, Mass

Name of Mother and Place of Residence...Catherine " Deceased

Are You Without the Foregoing Relatives in This Country .....no.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....117 lbs.....

Your Height in Feet and Inches.....5' 4"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

18 trips across on transport duty.

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name James Doody
COMPLETE NAME. NO INITIALS PLEASE WRITE PLAINLY

Name James Doody
AS APPEARS ON THE SERVICE ROLL

Date of Birth 3 February 1892
DAY MONTH YEAR

Place of Birth Canton, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 47 Church, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 47 Church, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment March 31, 1917. Boston, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Mar. 31, 1917. Boston

Give Government Identification Tag Number 1230770

Co., Regt., Ship, or Service, First Assigned to and Date
3rd Co. C. A. C. Ft. Strong

Other Regiments, Ships or Branches of Services, Transferred to and Dates
4th U. S. Inf. Co. G. Sept 7, 1917.
Headquarters Troop, 3rd Army, Mar. 10, '18

Rank While in Service Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada Sept 29, 17 "Leviathian"

Port Sailed From for Overseas New York

Date of Arrival Overseas Oct 7, 1917

Port of Arrival Overseas Brest, France

Date and Ship Sailed Returning Home "Aquitania" July 13, 1919

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas July 20, 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas Chateau Vilain, Chateau Thierry, St Mihiel, Montfaucon

Participated in What Battles and Dates of Same 2nd Marne July 1918. St Mihiel, Sept 1918. Meuse Argonne Oct 1918.

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service July 25, 1919

Where Discharged from Service Camp Mills, L. I.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Chauffeur.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives) Helen M. Bailey

Date and Place of Marriage to Wife (or Wives) Sept 2, 1918. Canton, Mass.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence Bartholomew Doody, Deceased

Name of Mother and Place of Residence Margaret " Canton

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....160 lbs.....

Your Height in Feet and Inches.....5' 6"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Clyde E. Cook, Ludlow, Vt.

Clarence Bartlett, Barre, Vt.

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Allan Wilkins Douglass
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Allan Wilkins Douglass
AS APPEARS ON THE SERVICE ROLL

Date of Birth 25 September 1895
DAY MONTH YEAR

Place of Birth Plainfield, New Jersey
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Buffalo, N.Y.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment April 1917 New Haven, Conn.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty May 15, '17 Madison, N.Y.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Dec 1917
Battery C 301 F. A. Camp Devens

Other Regiments, Ships or Branches of Services, Transferred to and Dates
May 1918 Camp Jackson, S.C., Battery C
113 F.A., Camp Sevier, May, 1918.

Rank While in Service 1st Lieut.

If Commissioned Officer Give Date of Commission Nov 8, 1917

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Mass.
Camps Jackson and Sevier, S.C.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas ....Yes.

....American Expeditionary Force....

If so, Date and Ship from the United States or Canada ....May 28, 1918....

Port Sailed From for Overseas ....Hoboken, N. J....

Date of Arrival Overseas ....

Port of Arrival Overseas....

Date and Ship Sailed Returning Home....

Port Sailed from Returning Home....

Date of Arrival from Overseas....

Place of Arrival in United States ....

Important Places Where Stationed Overseas....

....

....

Participated in What Battles and Dates of Same....St Mihiel, Sept 12, 18

....

....

....

Wounded or Other Injuries Received in Action, Place and Date ....

....Lieury, Sept 12, 1918....

....

If Confined in Hospital, During What Time and Place ....

....

If Prisoner by Enemy, Date and Place of Capture....

Places Confined ....

Date and Place Released ....

Give Record of Service in Army or Navy before the German War if Any ....

....

When Discharged from Service....

Where Discharged from Service ....

For What Reason Discharged from Service....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date Citation, Mar 29, '19

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Student.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives) Rachel P. Capen

Date and Place of Marriage to Wife (or Wives) Mar. 2, 1918. Canton, Mass

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence...Edwin T. Douglass, Buffalo, N.Y.

Name of Mother and Place of Residence...Edna W. " " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....170 lbs.....

Your Height in Feet and Inches.....6'.....

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Gray.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

.....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death ....Sept. 12, 1918.....

Give Place of Death and Place of Burial St Mihiel Cemetery, Thiaucourt

Give Burial Lot Number....176 Section 10 Plot 4.....

Any Monument or Headstone Marked to Deceased Where Buried ...Wooden Cross

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....Mrs Allan W. Douglass, Canton, Mass.

REMARKS.

(Please give here any matter of interest relating to Your Service.)

Aide-de-camp to Gen Winn, to Sept 11. Sent back to front on request, after 3 hours active service killed instantly by bursting shell. Recommended for D.S.C. Cited for removing wounded men and horses, while wounded himself

GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name James Vincent Duffin
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name James Vincent Duffin
AS APPEARS ON THE SERVICE ROLL

Date of Birth 16th (DAY) August (MONTH) 1892 (YEAR)

Place of Birth Las Vegas (CITY OR TOWN) New Mexico (STATE OR COUNTRY)

Place of Residence When Entering the Service 790 Washington St. (STREET AND NUMBER) Canton (CITY OR TOWN) Mass (STATE)

Place of Residence at Present Time 23 Perry West (STREET AND NUMBER) – Savannah (CITY OR TOWN) – Georgia (STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment October 30-1917 – Boston – Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Dec 17-1917

Give Government Identification Tag Number None

Co., Regt., Ship. or Service, First Assigned to and Date Navy Yard – Boston – Mass

Other Regiments, Ships or Branches of Services, Transferred to and Dates U.S. Naval Headquarters London, England Feb 1918. U.S. Naval Base Corfu Greece – Aug 1918 – U.S.S.C. #81 – November 1918

Rank While in Service Machinist's Mate – Ensign

If Commissioned Officer Give Date of Commission January 17-1917

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....
U. S. Naval Forces in European Waters

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas New York, N. Y.

Date of Arrival Overseas March 19, 1918

Port of Arrival Overseas Liverpool, England

Date and Ship Sailed Returning Home .....

Port Sailed from Returning Home Corfu, Greece

Date of Arrival from Overseas May 15 1919

Place of Arrival in United States Charleston, S. C.

Important Places Where Stationed Overseas London, England
Corfu, Greece U. S. S. C. #81

Participated in What Battles and Dates of Same Battle of Durazzo

Wounded or Other Injuries Received in Action, Place and Date —

If Confined in Hospital, During What Time and Place London, England July 1 1918

If Prisoner by Enemy, Date and Place of Capture —

Places Confined —

Date and Place Released —

Give Record of Service in Army or Navy before the German War if Any —

When Discharged from Service July 9 1919

Where Discharged from Service Charleston, S. C

For What Reason Discharged from Service Relieved of Active duty

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service. Civil Engineer

Married or Single ..... Married

If Ever Married, Maiden Name of Wife (or Wives) Mildred M. Rogers

Date and Place of Marriage to Wife (or Wives) Fall River, Mass., June 21-1915

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You No

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

Thomas Rogers Duffin - March 24-1916 Roxbury, Mass.

Virginia Duffin October 14-1917 Canton, Mass.

Name of Father and Place of Residence F. Thomas Duffin - Deceased

Name of Mother and Place of Residence Mrs. Ida S. Duffin Savannah, Ga

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy No

Give Number of Policy —

What Was Your Weight When Entering the Service 205 lbs

Your Height in Feet and Inches 5 ft. 11 3/4 inches

Your Complexion—White or Colored White

Color of Your Eyes Blue

Color of Your Hair Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town ...Yes.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Donald Nathaniel Dunbar
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Donald N. Dunbar
AS APPEARS ON THE SERVICE ROLL

Date of Birth 18 April 1884
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 194 Wash Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 194 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Oct 18, 1918 Boston, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Oct 18, 1918 Cambridge

Give Government Identification Tag Number 4913786

Co., Regt., Ship, or Service, First Assigned to and Date Oct 1, 1918 Co. A. Harvard Unit S.A.T.C. Cambridge

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co. N. C. A. S. Officers' Reserve Corps. Ft. Monroe Va. Nov. 1, 1918.

Rank While in Service Private, Lieutenant

If Commissioned Officer Give Date of Commission Feb. 7, 1919.

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Harvard University, Cambridge, Mass. Ft. Monroe, Va.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

.....

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service Not discharged; in

Where Discharged from Service Officers Reserve Corps for

For What Reason Discharged from Service five years.

If Given Medal of Honor, Give Action and Date .....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service Supt. Elec. & Mech. Maintenance

Married or Single Married

If Ever Married, Maiden Name of Wife (or Wives) Eulalia B. Churchill

Date and Place of Marriage to Wife (or Wives) Oct 19, 1908. Stoughton

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted .....

If Married was Your Wife Ever Married Before Married to You No.

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

Names, Ages and Places of Birth of All Children, if any

Oliver Churchill Dunbar, Oct 12, 1912, Somerville, Mass.

Name of Father and Place of Residence Francis D. Dunbar, Canton

Name of Mother and Place of Residence Francesca " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here .....

And if so, Give Full Name and Address of Either or Both .....

Have You a War Risk Insurance Policy Not now.

Give Number of Policy Unknown.

What Was Your Weight When Entering the Service 156 lbs.

Your Height in Feet and Inches 5' 6"

Your Complexion—White or Colored Light - White

Color of Your Eyes Blue

Color of Your Hair Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

H. E. Ames, A. B. 112 Washington St. Winthrop

B. M. Farnsworth 106 Emery St. Portland, Me.

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

Would have been in service in 1917 if wife would have given consent.

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John Joseph Dunn
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John Joseph Dunn
AS APPEARS ON THE SERVICE ROLL

Date of Birth 30 September 1891
DAY MONTH YEAR

Place of Birth Canton, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 216 Washington, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 216 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment July 6, 1917. Boston, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Charlestown Armory

Give Government Identification Tag Number 591834

Co., Regt., Ship, or Service, First Assigned to and Date July 6, 1917
Medical Enlisted Reserve Corps

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Base Hospital #44 Feb 27, 1918.

Rank While in Service Private Sergeant 1st Class

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Dix, N. J.
France

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada Ulysses July 5, 1918

Port Sailed From for Overseas Hoboken, N. J.

Date of Arrival Overseas July 16, 1918

Port of Arrival Overseas Liverpool, Eng.

Date and Ship Sailed Returning Home Apr. 7, 1919 Graf Waldersee

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas April 20, 1919

Place of Arrival in United States New York, N. Y.

Important Places Where Stationed Overseas

Pouges-les-Eaux, Meves Bulay

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

None

When Discharged from Service May 2, 1919.

Where Discharged from Service Camp Devens, Mass.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service..Business Insurance

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence..Thomas H. Dunn, Canton

Name of Mother and Place of Residence.....Martha.....".....".....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....#1769367.....

What Was Your Weight When Entering the Service .....155 lbs.....

Your Height in Feet and Inches.....5' 10 3/4"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

R. A. Wells, Newton, Mass

H. J. Simonson, East Boston, Mass.

B. J. Rooney, Jamaica Plain, Mass

Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Charles Leverett Dykeman
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Charles Leverett Dykeman
AS APPEARS ON THE SERVICE ROLL

Date of Birth 11 November 1897
DAY MONTH YEAR

Place of Birth Stoughton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 88 Kenney, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 86 Prospect, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment August 27, 1918

Date and Place Where Drafted Canton

Date and Place Where Mustered In or Reported for Duty Camp Devens, Mass

Give Government Identification Tag Number #4188708

Co., Regt., Ship, or Service, First Assigned to and Date

5th Co. 2nd Bat. 151 Dept. Brigade.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Co. B. 73rd Infantry 12th Div.

Rank While in Service Private

If Commissioned Officer Give Date of Commission None

If Appointed Officer Give Date of Every Appointment None

If Not Overseas, Where Stationed While in Service Camp Devens, Mass.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Dec. 6, 1918.....

Where Discharged from Service ....Camp Devens, Mass.....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Weaver.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Smith T. Dykeman.....

Name of Mother and Place of Residence.....Ella M. ..... (Deceased)

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....Sister and Brother

And if so, Give Full Name and Address of Either or Both .....

Mrs. Ernest Peterson, Canton, Mass.

Mr. John L. Dykeman Brockton "

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....112 lbs.....

Your Height in Feet and Inches.....5' 5½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Dark Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Gertrude Virginia Whitehead
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Gertrude Virginia Eastman
AS APPEARS ON THE SERVICE ROLL

Date of Birth 14 (DAY) August (MONTH) 1888 (YEAR)

Place of Birth Chester (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service Randolph, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE).

Place of Residence at Present Time 1745 (STREET AND NUMBER) Marye, (CITY OR TOWN) Alexandria, (STATE) La.

Enlisted or Drafted Enlisted

Date and Place of Enlistment Mass Gen. Hosp. Boston Mass.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Ellis Is. N.Y. May 24, '17

Give Government Identification Tag Number Brassard #A. 12272

Co., Regt., Ship, or Service, First Assigned to and Date June 30, 1917
Base Hospital #6. France.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Dec 15, '17
Mar 1, '18. Paris, France

Rank While in Service Army Nurse (Reserve)

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....
U. S. Base Hosp. #6 A. E. F. Bordeaux

If so, Date and Ship from the United States or Canada Aurania, July 11, 1917

Port Sailed From for Overseas ..... New York

Date of Arrival Overseas ..... July 23, 1917

Port of Arrival Overseas ..... Liverpool, Eng.

Date and Ship Sailed Returning Home ..... Abangarez, Feb 14, 1919

Port Sailed from Returning Home ..... Bordeaux

Date of Arrival from Overseas ..... March 2, 1919

Place of Arrival in United States ..... Hoboken

Important Places Where Stationed Overseas ..... Bordeaux, Paris

Participated in What Battles and Dates of Same .....

Wounded or Other Injuries Received in Action, Place and Date .....

If Confined in Hospital, During What Time and Place .....

If Prisoner by Enemy, Date and Place of Capture .....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

When Discharged from Service ..... April 18, 1919

Where Discharged from Service ..... New York

For What Reason Discharged from Service ..... By request

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Nurse.....

Married or Single .....Married.....

If Ever Married, Maiden Name of ~~Wife~~ Husband (or Wives).....Cecil L. Whitehead

Date and Place of Marriage to Wife (or Wives).Bordeaux, Jan., 15, 1919

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your ~~Wife~~ Husband Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

Robert Lee, Alexandria, La. Dec. 15, 1919

.....

Name of Father and Place of Residence.Edwin B. Eastman, Littleville, Mass

Name of Mother and Place of Residence.Bertha V. " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....136 lbs.....

Your Height in Feet and Inches.....5' 4½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Light

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Leonor Field, Orford, New Hampshire

Dorothy Tarbox, Westport, Maine

A. Maude Townsend, Worcester, Mass

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John Eaton Ellery
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John Eaton Ellery
AS APPEARS ON THE SERVICE ROLL

Date of Birth 24 September 1896
DAY MONTH YEAR

Place of Birth Haverhill, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Randolph, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 181 Summer, Boston, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment June 11, 1917 Boston, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Aug. 13, '17 Ft. Ethan Allen

Give Government Identification Tag Number # 1671940

Co., Regt., Ship, or Service, First Assigned to and Date
Ambulance Co. M Aug. 1917.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Ambulance Co. P Sept. 1917
" " Base Hospital, Camp Devens

Rank While in Service Wagoner 1st Class Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service France

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada June 1918

Port Sailed From for Overseas Hoboken, New Jersey

Date of Arrival Overseas June 1918

Port of Arrival Overseas Brest, France

Date and Ship Sailed Returning Home Leviathan March 1919

Port Sailed from Returning Home St Nazaire, France

Date of Arrival from Overseas April 1919

Place of Arrival in United States Hoboken, New Jersey

Important Places Where Stationed Overseas

Paris, Chaumont, Tours,

Alsace Lorraine Sector

Participated in What Battles and Dates of Same None

Wounded or Other Injuries Received in Action, Place and Date No

If Confined in Hospital, During What Time and Place

46 Allery One week Accident

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any None

When Discharged from Service April 4, 1919

Where Discharged from Service Camp Devens, Mass

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Chauffeur.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....John Ellerup..... Deceased

Name of Mother and Place of Residence.....Maude Eaton.....

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....No.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....150 lbs.....

Your Height in Feet and Inches.....5' 8½"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

John Skehan, Canton, Mass

Leo Halloran South Boston

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Charles Kingsbury Endicott
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Charles K. Endicott
AS APPEARS ON THE SERVICE ROLL

Date of Birth 4 October 1892
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 319 Sherman, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 319 Sherman, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted April 29, 1918. Canton

Date and Place Where Mustered In or Reported for Duty May 1, 1918 Wentworth Inst.

Give Government Identification Tag Number 2462057

Co., Regt., Ship, or Service, First Assigned to and Date
Wentworth Training Detachment

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co. F. 315th Ammunition Train
" B. " " "

Rank While in Service Private Wagoner

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Boston, Mass.
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada Louisville July 6, 1918

Port Sailed From for Overseas New York

Date of Arrival Overseas July 17, 1918

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home May 28, 1919 Edgar Luckenbach

Port Sailed from Returning Home St Nazaire

Date of Arrival from Overseas June 8, 1919

Place of Arrival in United States Boston

Important Places Where Stationed Overseas

Bordeaux, Chautraine, Steway, Trier (Germany) Burncastle, Kesten

Participated in What Battles and Dates of Same Ammunition driver during latter part of St Mihiel Drive. In Toul Sector until armistice was signed.

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

Jan 1919 Trier - Germany

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service June 16, 1919

Where Discharged from Service Camp Devens, Mass

For What Reason Discharged from Service End of war

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Garage proprietor

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Edward D. Endicott Canton, Mass

Name of Mother and Place of Residence.....Nellie E. " " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....2413730.....

What Was Your Weight When Entering the Service .....135".....

Your Height in Feet and Inches.....5' 9".....

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Frederic H. Leebold Maple St. Holyoke, Mas
John H. Larkin 82 Duncan St. Gloucester, "
Homer C. Forbes. Littleton, N. H.

Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

Served six months in Army of Occupation.

GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Arthur Elijah Estey
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Arthur E. Estey
AS APPEARS ON THE SERVICE ROLL

Date of Birth 26 June 1894
DAY MONTH YEAR

Place of Birth Dedham, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 1314 Pleasant Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 1314 Pleasant, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Mass. May 27, 1918.

Date and Place Where Mustered In or Reported for Duty Camp Upton, N.Y. May 27, '18.

Give Government Identification Tag Number 3194035

Co., Regt., Ship, or Service, First Assigned to and Date
8th Co. 152nd Depot Brigade

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co C. 314th Infantry. June 23, 1918

Rank While in Service Mechanic

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Upton, N.Y.
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada Leviathan July 8, 1918

Port Sailed From for Overseas New York

Date of Arrival Overseas July 15, 1918

Port of Arrival Overseas Brest, France

Date and Ship Sailed Returning Home Princess Matoika May 16, 1919.

Port Sailed from Returning Home St Nazaire

Date of Arrival from Overseas May 26, 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas Verdun Sector

Participated in What Battles and Dates of Same

Meuse Argonne Sept 26 - Nov 11, 1918.

Wounded or Other Injuries Received in Action, Place and Date No.

If Confined in Hospital, During What Time and Place No.

If Prisoner by Enemy, Date and Place of Capture No.

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any None.

When Discharged from Service May 30, 1919

Where Discharged from Service Camp Dix, N.J.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Last maker.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence..Amos H. Estey, Canton, Mass

Name of Mother and Place of Residence...Mary A. " " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....140 lbs.....

Your Height in Feet and Inches.....5' 10¼"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Ezra H. Minium, Millerstown, Pa.

Wm H. Taylor, Philadelphia, Pa.

Chester H. Schell 349 Curtain, S. Williamsport,

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Richard Barrow
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Wagoner Richard Barrow
AS APPEARS ON THE SERVICE ROLL

Date of Birth 24 (DAY) July (MONTH) 1892 (YEAR)

Place of Birth Canton, (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 1657 Washington, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 1657 Washington, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment May 26, '17 Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty July 25, 1917

Give Government Identification Tag Number 3527

Co., Regt., Ship, or Service, First Assigned to and Date 103rd Ambulance Co.
101st Sanitary Train 26th Div

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Wagoner

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes
American Expeditionary Force

If so, Date and Ship from the United States or Canada Sept 15, '17 "Canada"

Port Sailed From for Overseas Montreal

Date of Arrival Overseas Oct 7, 1917

Port of Arrival Overseas Le Harve, France

Date and Ship Sailed Returning Home

Port Sailed from Returning Home Brest

Date of Arrival from Overseas

Place of Arrival in United States Boston

Important Places Where Stationed Overseas Neufchateau, Soissons, Toul, Chateau Thierry, St Mihiel, Verdun

Participated in What Battles and Dates of Same Marne - July 18-25, 1918
Aisne Soissons - Feb. 10, - Mar. 19, 1918
Chateau Thierry - July 4-17, 1918
Meuse Argonne - Oct 9 - Nov 11, 1918

Wounded or Other Injuries Received in Action, Place and Date
Gassed - May 20, 1918

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service April 29, 1919.

Where Discharged from Service Camp Devens, Mass

For What Reason Discharged from Service

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Carpenter.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....John Barrow Canton, Mass.

Name of Mother and Place of Residence.....Mary " " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....125 lbs.....

Your Height in Feet and Inches.....4' 8"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Gray

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Frank Kendall, Pankapoag, Mass
Herbert Guild, Canton, Mass
Walter R. Nichols, Canton, Mass

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Daniel Fraser Farwell
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name D. Fraser Farwell
AS APPEARS ON THE SERVICE ROLL

Date of Birth 10 (DAY) July (MONTH) 1895 (YEAR)

Place of Birth Millis, (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 1803 Washington, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Place of Residence at Present Time 95 Messenger, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment Dec. 1, 1917. Fort Slocum, N.Y.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Ft. Slocum, N.Y.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date D.M.C. Training Co. Camp H. E. Johnston, Florida, Dec. 1917.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Hdqs. Co. Port of Embarkation, Newport News, Va. Feb. 12, 1918.

Rank While in Service Sergeant 1st Class. 2nd Lieut.

If Commissioned Officer Give Date of Commission Oct 18, 1918

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Newport News, Va.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Jan 3, 1919.

Where Discharged from Service .....Newport News Va.

For What Reason Discharged from Service.....Resignation

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Clerk.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).....Helen W. Burk.....

Date and Place of Marriage to Wife (or Wives).....May 8, 1920. Canton, Mass.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Joseph W. Barwell, Canton, Mass

Name of Mother and Place of Residence.....Nettie D. " "

Are You Without the Foregoing Relatives in This Country .....Yes - both deceased

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....888515.....

What Was Your Weight When Entering the Service .....160 lbs.....

Your Height in Feet and Inches.....5' 10½"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Gray.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Paul M. Chamberlin, Washington St. Boston

John F. Pendleton, Nowata, Oklahoma

George F. Spellman, Winsted, Conn

Have You a Photograph of Self, in Service Uniform, to Give Town ..... No.

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Joseph Becteau
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Joseph Becteau
AS APPEARS ON THE SERVICE ROLL

Date of Birth 2 February 1894
DAY MONTH YEAR

Place of Birth Quebec City Canada
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Ipswich, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment Canton, Mass. June 26, '18

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty June 27, 1918

Give Government Identification Tag Number 2954507

Co., Regt., Ship, or Service, First Assigned to and Date

Co. B. 33rd Battalion

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Co. C. 45th Battalion

Rank While in Service Corporal

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Dix, N. J.
Ft. Niagra N.Y. Sparrows Point Md.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

Colon Hospital, Panama. 3 weeks

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Farmer.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Joseph Recteau, Quebec.....

Name of Mother and Place of Residence.....Marie Rapili, Marceau.....

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....Yes.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....137 lbs.....

Your Height in Feet and Inches.....5' 6"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Florence Lehan, Canton, Mass

Walter Parent, Stoughton, Mass.

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Have You a Photograph of Self, in Service Uniform, to Give Town ..... No.

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Stewart D. Gee
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Stewart D. Gee
AS APPEARS ON THE SERVICE ROLL

Date of Birth 4 April 1897
DAY MONTH YEAR

Place of Birth Chelsea Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Everett, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 3 Hollis Pk. N. Cambridge.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted June 5, 1918 Canton, Mass.

Date and Place Where Mustered In or Reported for Duty Aug. 29, 1918.

Give Government Identification Tag Number 4482184

Co., Regt., Ship, or Service, First Assigned to and Date Co. G 1st Provisional Bat. 156 Depot Brigade

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Supply Co. 117th Field Artillery

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas
Camp Jackson, Columbia, S.C.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada Oct. 13, 1918

Port Sailed From for Overseas New York

Date of Arrival Overseas Oct. 26, 1918

Port of Arrival Overseas Brest, France

Date and Ship Sailed Returning Home Dec. 12, 1918 Manchuria

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas Dec. 20, 1918

Place of Arrival in United States New York

Important Places Where Stationed Overseas Rheims

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service January 15, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service...Foreman, Rubber Works

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives)....Betsey Jacobs

Date and Place of Marriage to Wife (or Wives) Aug. 1, '18 W. Peabody, Mass.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence...Samuel Bee, Canton, Mass

Name of Mother and Place of Residence...Nannie Bee, " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....124 lbs.....

Your Height in Feet and Inches.....5' 7"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Black.

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....
Frank Reick, Malden, Mass

Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Jesse Keller Dennis.
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name 2nd Lieut. Jesse K. Dennis R. M. Av.
AS APPEARS ON THE SERVICE ROLL

Date of Birth 9 December 1894
DAY MONTH YEAR

Place of Birth Canton, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 1066 Main Walpole Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 127 Sherman, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Oct 22, 1917. Boston, Mass.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Nov. 7/17 Austin, Tex.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Aviation Section Signal Reserve Corps. Oct. 22, 1917.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Transferred to Air Section of Regular Army.

Rank While in Service 2nd Lieut. R. M. A.

If Commissioned Officer Give Date of Commission Feb. 2, 1918

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service San Diego, Riverside, Cal. Austin, Tex. Garden City, L. I. N. Y.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas ....No....

If so, Date and Ship from the United States or Canada ....

Port Sailed From for Overseas ....

Date of Arrival Overseas ....

Port of Arrival Overseas....

Date and Ship Sailed Returning Home....

Port Sailed from Returning Home....

Date of Arrival from Overseas....

Place of Arrival in United States ....

Important Places Where Stationed Overseas....

Participated in What Battles and Dates of Same....

Wounded or Other Injuries Received in Action, Place and Date ....

If Confined in Hospital, During What Time and Place ....

If Prisoner by Enemy, Date and Place of Capture....

Places Confined ....

Date and Place Released ....

Give Record of Service in Army or Navy before the German War if Any ....

When Discharged from Service....Dec. 8, 1918.

Where Discharged from Service ....Garden City, N.Y.

For What Reason Discharged from Service....Armistice

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Student.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence Herbert L. Fenno Canton, Mass.

Name of Mother and Place of Residence Lucy H. " " "

Are You Without the Foregoing Relatives in This Country .....

If So. Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....150 lbs.....

Your Height in Feet and Inches.....5' 9"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John Francis Finn
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John F. Finn
AS APPEARS ON THE SERVICE ROLL

Date of Birth 14 (DAY) August (MONTH) 1893 (YEAR)

Place of Birth Canton (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 257 Rockland (STREET AND NUMBER), Canton (CITY OR TOWN), Mass (STATE).

Place of Residence at Present Time 257 Rockland (STREET AND NUMBER), Canton (CITY OR TOWN), Mass (STATE).

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted May 27, 1918 Canton, Mass

Date and Place Where Mustered In or Reported for Duty Camp Upton, May 27, '18

Give Government Identification Tag Number 3192997

Co., Regt., Ship, or Service, First Assigned to and Date May 27, 1918
8th Co. 152nd Depot Brigade

Other Regiments, Ships or Branches of Services, Transferred to and Dates June 12, '18
16th Co. 152nd Depot Brig. Hdqtr's. Dept.
July 1, '18 Adj. Gen. Dept. April 1, 1919.

Rank While in Service Corp. Sergt. Sergt. Major

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment Apr. 1, '19 Army Field Clerk

If Not Overseas, Where Stationed While in Service Camp Upton, N. Y.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Oct 27, 1919.....

Where Discharged from Service .....Camp Upton, N.Y.....

For What Reason Discharged from Service...Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Stenographer

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....

Name of Mother and Place of Residence...Mary E. Dunn. Canton, Mass.

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....118 lbs.....

Your Height in Feet and Inches.....5' 7½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Gray.

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....
Frank Korb. 173 Tenth Ave. L. I. City, N. Y.
George L. Gakes, 148 Elliott, Beverly, Mass

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Leo F. Flanagan
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Leo Francis Flanagan
AS APPEARS ON THE SERVICE ROLL

Date of Birth 19 May 1895
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 21 Messenger, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 21 Messenger, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Feb. 26, 1918.

Date and Place Where Mustered In or Reported for Duty Feb. 26, '18. Camp Devens.

Give Government Identification Tag Number 1681485

Co., Regt., Ship, or Service, First Assigned to and Date
Co. B. 302nd. Engineers. March 19, 1918.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private 1st. Class.

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
Camp Upton, N. Y. Overseas.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada Mar. 29, '18. Carmania

Port Sailed From for Overseas New York

Date of Arrival Overseas April 12, 1918

Port of Arrival Overseas London, Eng.

Date and Ship Sailed Returning Home Apr. 23, '19 New Amsterdam

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas May 2, 1919.

Place of Arrival in United States Hoboken, N. J.

Important Places Where Stationed Overseas

Flanders, Baccarat, Vesle,
Oise-Aisne

Participated in What Battles and Dates of Same

Meuse-Argonne, Aug. 4-Nov. 11, 1918.

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service May 17, 1919.

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Carpenter.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence John J. Flanagan, Canton, Mass

Name of Mother and Place of Residence Sara S. " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....117 lbs.....

Your Height in Feet and Inches.....5' 4 1/2"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

George Hunt, Neponset St. Canton, Mass

Michael Thompson, Stoughton, "

William Whitty, Canton, "

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Daniel Joseph Blood
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Daniel Joseph Blood
AS APPEARS ON THE SERVICE ROLL

Date of Birth 2 May 1895
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 21 Pierce Pl. Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 21 Pierce Pl. Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment Sept 21, 1917

Date and Place Where Drafted Canton

Date and Place Where Mustered In or Reported for Duty Sept 21, 1917

Give Government Identification Tag Number 36160

Co., Regt., Ship, or Service, First Assigned to and Date
Co. K. 302nd Infantry

Other Regiments, Ships or Branches of Services, Transferred to and Dates
War Risk Section

Rank While in Service Private Corporal

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas
Camp Devens, Mass. Slocum, N.Y.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada Finland Mar. 21, '18

Port Sailed From for Overseas Hoboken, N. J.

Date of Arrival Overseas April 4, 1918

Port of Arrival Overseas St. Nazaire, France

Date and Ship Sailed Returning Home Plattsburg Jan. 21, '19

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas Jan. 31, 1919.

Place of Arrival in United States New York

Important Places Where Stationed Overseas Tours, France

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Feb. 14, 1919

Where Discharged from Service Camp Humphreys, Va.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service Stenographer & Clerk

Married or Single Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence John H. Blood, Canton, Mass.

Name of Mother and Place of Residence Mary Blood " "

Are You Without the Foregoing Relatives in This Country No

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy Yes

Give Number of Policy.....

What Was Your Weight When Entering the Service 162 lbs.

Your Height in Feet and Inches 5' 11"

Your Complexion—White or Colored White

Color of Your Eyes Blue

Color of Your Hair Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

James P. Lavelle, Scranton, Pa.

James L. McHugh, Indianapolis, Ind.

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name William H. Blood
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name William Henry Blood
AS APPEARS ON THE SERVICE ROLL

Date of Birth 12 (DAY) May (MONTH) 1893 (YEAR)

Place of Birth Canton, (CITY OR TOWN) Mass. (STATE OR COUNTRY)

Place of Residence When Entering the Service 21 Pierce Pl. (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass. (STATE)

Place of Residence at Present Time 21 Pierce Pl. (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment Dec. 13, 1917. Ft. Rodman, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Dec. 13, '17 Ft. Rodman

Give Government Identification Tag Number 588642

Co., Regt., Ship, or Service, First Assigned to and Date Dec. 13, 1917
Quartermaster's Corps R.A. Fort Rodman

Other Regiments, Ships or Branches of Services, Transferred to and Dates Sept. 6, 1918.
School Det. C.A. 5th C.A.C. Sept. 10, 1918.
C.A.S.D. Sept. 15, 1918.

Rank While in Service Private, Corporal, Sergt. Major.

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Ft. Rodman N.B.
Fortress Monroe, Va.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any ....None....

.....

When Discharged from Service....March 19, 1919....

Where Discharged from Service ....Ft. Monroe, Va....

For What Reason Discharged from Service....Demobilization....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Salesman.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence John H Blood, Canton, Mass

Name of Mother and Place of Residence.....Mary.....".....".....".....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....944586.....

What Was Your Weight When Entering the Service .....142 lbs.....

Your Height in Feet and Inches.....5' 8½"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Black.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades James T. Greenwood, New Bedford, Mass
Cline L. Ditto, Sibley, Iowa
William D. Burke, Covington, Kentucky

Have You a Photograph of Self, in Service Uniform, to Give Town Yes

If Foregoing Record is of One Deceased, Give Date of Death

Give Place of Death and Place of Burial

Give Burial Lot Number

Any Monument or Headstone Marked to Deceased Where Buried

Any Memorial for Deceased in Other Cemetery Than Where Buried

If Grave is Unmarked Will Permission be Given to Set a Government Headstone

Name and Address of Person Filling Out This Record of Deceased

REMARKS.

(Please give here any matter of interest relating to Your Service.)

GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Kenneth H. Doskett
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth 27 April 1894
DAY MONTH YEAR

Place of Birth Orange, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 21 Neponset, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 12 Dilloway St. Boston, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Sept 20, 1917

Give Government Identification Tag Number 1659001

Co., Regt., Ship, or Service, First Assigned to and Date
Co. K. 302nd Infantry, 76th Division

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Ordnance Dept. Jan 4, 1918.

Rank While in Service Private Ordnance Sergt.

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Ayer.
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada Aquitania July 4, 1918.

Port Sailed From for Overseas New York

Date of Arrival Overseas July 12, 1918

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home Imperator July 7, 1919.

Port Sailed from Returning Home Brest

Date of Arrival from Overseas July 14, 1919.

Place of Arrival in United States New York

Important Places Where Stationed Overseas Bordeaux, Mehun, Tours.

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service July 22, 1919

Where Discharged from Service Mineola, L. I.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....135 lbs.....

Your Height in Feet and Inches.....5' 6"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Grey

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Dorothy Fox
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Dorothy Fox
AS APPEARS ON THE SERVICE ROLL

Date of Birth 23rd (DAY) December (MONTH) 1889 (YEAR)

Place of Birth Pubnico (CITY OR TOWN) Nova Scotia (STATE OR COUNTRY)

Place of Residence When Entering the Service Canton Hospital (STREET AND NUMBER) - Canton (CITY OR TOWN) - Mass (STATE)

Place of Residence at Present Time 1028 S. Hope St. (STREET AND NUMBER) Los Angeles (CITY OR TOWN) - California (STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment Dec 5-1917 - Canton - Mass.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Dec 10-1917 - Camp Sevier - So Carolina

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Base Hospital - Camp Sevier - December 13-1917

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Nurse

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

A. E. F. France

If so, Date and Ship from the United States or Canada June 11, 1918 Carmania

Port Sailed From for Overseas Hoboken, N. J.

Date of Arrival Overseas June 24 - 1918

Port of Arrival Overseas Liverpool, England

Date and Ship Sailed Returning Home May 18, 1919 Prince Frederick Wilhelm

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas May 27 1919

Place of Arrival in United States Hoboken N. J.

Important Places Where Stationed Overseas Limoges - Tonl

Montigny - le - Roi

Participated in What Battles and Dates of Same.....

Wounded or Other Injuries Received in Action, Place and Date .....

If Confined in Hospital, During What Time and Place .....

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

When Discharged from Service July 9 - 1919

Where Discharged from Service Mineola Dem Sta Hotel Albert N.Y.

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Nurse.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Charles J. Fox, Pubnico, Nova Scotia

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....Yes.....

And if so, Give Full Name and Address of Either or Both .....

Chas J. Fox, 38 Moore St, West Somerville, Mass. (Brother)
Annie G. Fox - Base Hospital, Fort Sam Houston, Texas

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....T-425458.....

What Was Your Weight When Entering the Service 130 lb.....

Your Height in Feet and Inches.....5 ft. 8 inches.....

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Mrs. Jesse Clark, Oxford, N. Carolina

Mrs. N. C. Garner, Meridian, Mississippi

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name William Edward Fox
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name William Edward Fox, M. M. 2. C.
AS APPEARS ON THE SERVICE ROLL

Date of Birth 4 August 1888
DAY MONTH YEAR

Place of Birth Canton, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 52 Sherman Ave., Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 52 Sherman Ave. Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Dec. 13, 1917. Newport, R. I.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Dec. 18, 1917.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
Co. 5. U. S. Naval Reserve Force

Other Regiments, Ships or Branches of Services, Transferred to and Dates
U. S. S. Narragansett, Jan. 27, 1918.
Philadelphia Naval Hosp. May 2, 1918.

Rank While in Service Machinist's Mate 1st Class

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Newport, R. I.
Fort Lyon, Colo.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Jan. 22, 1919.....

Where Discharged from Service .....Ft. Logan, Colo.....

For What Reason Discharged from Service.....Physically unfit from duty

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Machinist

Married or Single .....Single.

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence..William E. Fox, Deceased

Name of Mother and Place of Residence..Rose Fox, Canton, Mass.

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....

What Was Your Weight When Entering the Service .....161 lbs.

Your Height in Feet and Inches.....5' 9 3/4"

Your Complexion—White or Colored .....Ruddy

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Mr. Edward J. Ray U.S.S. Narragansett

William D. Lovett Chicopee Falls, Mass

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Louis Breedman
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Louis Breedman
AS APPEARS ON THE SERVICE ROLL

Date of Birth 24 (DAY) October (MONTH) 1894 (YEAR)

Place of Birth Brooklyn (CITY OR TOWN) New York (STATE OR COUNTRY)

Place of Residence When Entering the Service 190 Rockland, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass. (STATE)

Place of Residence at Present Time 190 Rockland, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Apr. 16, '18 Canton, Mass.

Date and Place Where Mustered In or Reported for Duty Apr. 26, '18 Ayer, Mass.

Give Government Identification Tag Number 1692596

Co., Regt., Ship, or Service, First Assigned to and Date
24th Co. 6th Battalion

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Headquarters Co. 13th Field Artillery

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
Camp Devens, Ayer, Mass. Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American Expeditionary Force

If so, Date and Ship from the United States or Canada Great Northern Mayo

Port Sailed From for Overseas Hoboken, N.J.

Date of Arrival Overseas May 28, 1918

Port of Arrival Overseas Brest, France

Date and Ship Sailed Returning Home Apr. 1, 19 Mauretania

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas Apr. 7, 1919

Place of Arrival in United States Hoboken, N.J.

Important Places Where Stationed Overseas

Participated in What Battles and Dates of Same Marne, July 16, 1918

St Mihiel, Aug. 15, 1918

Meuse Argonne Sept. 25, 1918

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

Base Hospital #82 Toul. Nov. 16, 1918

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service April 17, 1919

Where Discharged from Service Camp Devens, Mass

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Rubber Works

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Maurice Freedman, Canton, Mass

Name of Mother and Place of Residence.....Lizzie " " " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....122 lbs

Your Height in Feet and Inches.....5' 5 1/2"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Lyman Goodman, South Boston, Mass

Herbert Wysnesky, Canton "

Max Beldman, Canton "

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Eliot Channing French
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth 6 December 1897
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 604 Pleasant, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 604 Pleasant, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Oct. 18, 1918 Cambridge, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Oct. 19, 1918. Canton, Mass.

Give Government Identification Tag Number 4914623

Co., Regt., Ship, or Service, First Assigned to and Date Oct. 18, 1918.
Co. H. Harvard Unit. S. A. T. C.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Cambridge, Mass.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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.....

Participated in What Battles and Dates of Same.....

.....

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.....

Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any ...July 1916

U. S. A. Training Camp, Plattsburg, N. Y.

When Discharged from Service.....December 7, 1918.....

Where Discharged from Service .....Cambridge, Mass.

For What Reason Discharged from Service.....Expiration of Service

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Student.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.Abbott E. French, Deceased.

Name of Mother and Place of Residence Florence W. " Canton, Mass

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....4525881.....

What Was Your Weight When Entering the Service .....127 lbs.....

Your Height in Feet and Inches.....5' 8½"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Grey.....

Color of Your Hair .....Red.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Augustine P. Daly, Canton, Mass.

Stuart Osgood, Salem, Mass.

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name William C. French
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth 24 November 1893
DAY MONTH YEAR

Place of Birth Cambridge, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 234 Rockland, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 115 Bolivar, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Boston, Mass.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty July 31, '17. Paris Is., S.C.

Give Government Identification Tag Number 4612778

Co., Regt., Ship, or Service, First Assigned to and Date
19th Co. Marines. Aug. 5, 1917.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
122nd Co. 9th Regt. U.S.M.C.
Quantico, Va. Dec. 1, 1917.

Rank While in Service

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Paris Island, S.C.
Quantico, Va. Guantanamo Bay, Cuba;
and overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Sept 31, '18. De Kalb.

Port Sailed From for Overseas Philadelphia, Pa

Date of Arrival Overseas Oct 13, 1918

Port of Arrival Overseas Brest, France

Date and Ship Sailed Returning Home July 31, '19. Arizoba

Port Sailed from Returning Home Brest

Date of Arrival from Overseas Aug. 6, 1919

Place of Arrival in United States Newport News, Va

Important Places Where Stationed Overseas

Brest, Issoudun, La Pallice, France

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Aug. 11, 1919

Where Discharged from Service Newport News, Va.

For What Reason Discharged from Service Expiration of Service

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations Sharp Shooter Medal

Kind of Occupation Before War Service Single

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence Timothy French

Name of Mother and Place of Residence Abbie French Deceased

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here Sister

And if so, Give Full Name and Address of Either or Both .....

Elizabeth French, Brockton, Mass

.....

Have You a War Risk Insurance Policy Yes

Give Number of Policy.....

What Was Your Weight When Entering the Service 150 lbs

Your Height in Feet and Inches 5' 7½"

Your Complexion—White or Colored White

Color of Your Eyes Hazel

Color of Your Hair Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

George J. Dana, Washington, Canton, Mas

J. Oliver Daly, Ames Ave Canton "

Lawrence Courtney, King County, Washin

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Josiah Bullen
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Josiah Bullen
AS APPEARS ON THE SERVICE ROLL

Date of Birth 18 April 1889
DAY MONTH YEAR

Place of Birth Boston, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Ambridge, Penn.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Deceased
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Oct 3, 1917 Ambridge, Pa.

Date and Place Where Mustered In or Reported for Duty Oct 3, 1917.

Give Government Identification Tag Number 2038648

Co., Regt., Ship, or Service, First Assigned to and Date
323rd Regt. Supply Co. N.A.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Regt. Supply Sergt.

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
Camp Sherman, Chillicothe, Ohio.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Deceased.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Chemist.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....George P. Buller, Deceased.

Name of Mother and Place of Residence.....Helena Buller, Canton, Mass.

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....180 lbs.....

Your Height in Feet and Inches.....5' 9"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death April 16, 1918

Give Place of Death and Place of Burial Chillocothe, Ohio Canton, Mass

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried Yes

Any Memorial for Deceased in Other Cemetery Than Where Buried No.

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

Dr. Nathan Buller (Brother) Canton, Mass.

REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Leo James Galligan
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Leo J. Galligan
AS APPEARS ON THE SERVICE ROLL

Date of Birth 7 January 1892
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 166 Rockland, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Wall St. Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment July 1, 1918 Canton, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty July 1, 1918

Give Government Identification Tag Number 2795929

Co., Regt., Ship, or Service, First Assigned to and Date
Co. C. 6th Training Batt. Signal Corps.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private - Corporal

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment Dec 1, 1918

If Not Overseas, Where Stationed While in Service Fort Leavenworth, Kansas. Camp Meade, Md.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded, or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Jan 23, 1919.....

Where Discharged from Service .....Camp Meade, Md.....

For What Reason Discharged from Service.....Convenience of Governmen

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Policeman

Married or Single .....Married

If Ever Married, Maiden Name of Wife (or Wives).....Mildred M. Beatty

Date and Place of Marriage to Wife (or Wives).....June 26, '18 Canton

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Thomas Galligan, Canton

Name of Mother and Place of Residence.....Rose " (Deceased)

Are You Without the Foregoing Relatives in This Country .....No

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....

What Was Your Weight When Entering the Service .....171 lbs.

Your Height in Feet and Inches.....5' 9 3/4"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....
Frank H. Lanahan, Louisville, Ky
Ernest H. Schroeder, Houston, Texas

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....No.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

Were assigned for transport, and fitted for overseas when Armistice was signed.

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Thomas Joseph Galligan
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Thomas J. Galligan
AS APPEARS ON THE SERVICE ROLL

Date of Birth 21 January 1888.
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Rockland, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 6 Gardner Ter. Allston, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment May 17, '18. Charlestown Navy Yard

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty July 5, 1918. Charlestown

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
Cost & Inspection Dept. Quincy, Mass.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Yeoman 3/c

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Quincy, Mass

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Jan. 28, 1919.

Where Discharged from Service .....Little Building, Boston

For What Reason Discharged from Service.....Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Cashier.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).....Winifred C. McKeon

Date and Place of Marriage to Wife (or Wives).....Lowell, Mass. Feb. 6, 1918.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....Sept. 13, 1919.....

Thomas J. Galligan, Jr. Watertown, Mass

.....

Name of Father and Place of Residence.....Thomas Galligan, Canton

Name of Mother and Place of Residence.....Rose " (Deceased)

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....160 lbs.....

Your Height in Feet and Inches.....5' 10"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....No.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Pietro Gallo

COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name

AS APPEARS ON THE SERVICE ROLL

Date of Birth

DAY MONTH YEAR

Place of Birth Mirabello - Avellino - Italy

CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service

STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Deceased

STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....Oct. 20, 1918.....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Harold Leslie Garland
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Harold Leslie Garland
AS APPEARS ON THE SERVICE ROLL

Date of Birth 28 May 1896
DAY MONTH YEAR

Place of Birth Malden, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 9 Flora, Brookline, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 74 S Huntington, Roxbury, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment June 4, 1917, Brookline

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Commonwealth Armory

Give Government Identification Tag Number 242219

Co., Regt., Ship, or Service, First Assigned to and Date
Machine Gun Co. 9th Reg't

Other Regiments, Ships or Branches of Services, Transferred to and Dates Aug. 4, 101st Mch Gun Co. Sept 20, 2nd Mch. Gun Co. May 2, 1918, 12th Engineers

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Sept 22, '17 Antilles

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas Oct 4, 1917

Port of Arrival Overseas St Nazaire

Date and Ship Sailed Returning Home June 9, 1919

Port Sailed from Returning Home Bordeaux

Date of Arrival from Overseas June 21, 1919

Place of Arrival in United States Philadelphia

Important Places Where Stationed Overseas Neufchateau, Dijon, Nevers, Bordeaux, Tours, Bordeaux, St. Emilow

Participated in What Battles and Dates of Same None

Wounded or Other Injuries Received in Action, Place and Date No.

If Confined in Hospital, During What Time and Place Aug 4 - Sept 20, '17 City Hospital, Boston. Base #6 Neufchateau, Apr. 191

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service June 23, 1919.

Where Discharged from Service Camp Dix, N. J.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Salesman.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.Joseph D. Garland, Canton

Name of Mother and Place of Residence...Minnie R. Garland.....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....145 lbs.....

Your Height in Feet and Inches.....5' 8"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

James Burns, 21 Pearl St., Brookline, Mas

.....

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Have You a Photograph of Self, in Service Uniform, to Give Town ....No.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

Antilles was torpedoed on return trip.

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Joseph Earl Garland
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Joseph Earl Garland
AS APPEARS ON THE SERVICE ROLL

Date of Birth 22 (DAY) July (MONTH) 1899 (YEAR)

Place of Birth Charlestown, (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service York, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Place of Residence at Present Time Wyman, (STREET AND NUMBER) Stoughton, (CITY OR TOWN) Mass (STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment April 11, 1917 Boston, Mass.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty April 11, 1917 Boston

Give Government Identification Tag Number 16.0.2.675

Co., Regt., Ship, or Service, First Assigned to and Date
Training Station, Newport R.I.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
U. S. S. Wyoming

Rank While in Service Seaman 2/c

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Rawside, Scotland

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....July 23, 1919.....

Where Discharged from Service .....Boston Navy Yard.....

For What Reason Discharged from Service.....End of War.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Shipper.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Joseph B. Garland, Canton

Name of Mother and Place of Residence.....Minnie " Roxbury

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....132 lbs.....

Your Height in Feet and Inches.....5' 6"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

Wyoming was with Sixth Battle Squadron in North Sea. Partook in surrender of German fleet.

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name James Garzara
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name James Garzara
AS APPEARS ON THE SERVICE ROLL

Date of Birth September 11, 1892
DAY MONTH YEAR

Place of Birth Pescinia, Provincia Aquila: Italy
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 14 Beals, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 425 Sherman, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Scollay Sq. Boston, Mass.

Date and Place Where Drafted April 16, 1917.

Date and Place Where Mustered In or Reported for Duty Fort Slocum, N.Y.

Give Government Identification Tag Number 1031796

Co., Regt., Ship, or Service, First Assigned to and Date Co. D. 80th. Infantry

Other Regiments, Ships or Branches of Services, Transferred to and Dates
from 19th to 57th. to 80th Infantry

Rank While in Service Corporal Co. D. 80th. Infantry,

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Logan, Texas.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Feb. 9, 1919.....

Where Discharged from Service .....Camp Devens, Mass.....

For What Reason Discharged from Service.....Demobilization.....

If Given Medal of Honor, Give Action and Date Sharp Shooter 1917.

If Given Citation or Certificate of Merit, Give Service and Date

Other Medals and Foreign Decorations

Kind of Occupation Before War Service Laborer

Married or Single Single

If Ever Married, Maiden Name of Wife (or Wives)

Date and Place of Marriage to Wife (or Wives)

Date and Place of Death of Wife (or Wives)

If Any Divorce, Date and Place Where Granted

If Married was Your Wife Ever Married Before Married to You

If So, Name of Former Husband, and Date and Place of His Death or Divorce

Names, Ages and Places of Birth of All Children, if any

Name of Father and Place of Residence Rafino Gazzara Italy

Name of Mother and Place of Residence Cristina " "

Are You Without the Foregoing Relatives in This Country Yes

If So, Have You a Brother or Sister Here No.

And if so, Give Full Name and Address of Either or Both

Have You a War Risk Insurance Policy Discontinued

Give Number of Policy

What Was Your Weight When Entering the Service 175 lbs.

Your Height in Feet and Inches 5' 6½"

Your Complexion—White or Colored White

Color of Your Eyes Black

Color of Your Hair Dark

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

James De Meyo 425 Sherman St. Canton

Tomi De Meyo Beale St. Canton

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Francis J. Gavagan
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Francis J. Gavagan
AS APPEARS ON THE SERVICE ROLL

Date of Birth 18 June 1891
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 326 Bolivar, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 326 Bolivar, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Camp Devens, Oct 5, 1917.

Date and Place Where Mustered In or Reported for Duty Oct 5, 1917.

Give Government Identification Tag Number 2389546

Co., Regt., Ship, or Service, First Assigned to and Date Co K. 302d Infantry

Other Regiments, Ships or Branches of Services, Transferred to and Dates. Depot Brig.
14th Co. 4th Bat.
Base Hospital Camp Greene, N. C. Dec. 5, 1907

Rank While in Service Private Sergeant 1/c

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Mass.
Camp Greene, Charlotte, N. C.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....March 29, 1919.....

Where Discharged from Service Camp Greene, Charlotte, N. C.

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Marine Insurance

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....John F. Gavagan, Canton (Deceased)

Name of Mother and Place of Residence.....Margaret Gavagan, "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....574575.....

What Was Your Weight When Entering the Service .....128 lbs.....

Your Height in Feet and Inches.....5' 4 3/4"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....No.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Albert Healy Gavigan
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Albert H. Gavigan
AS APPEARS ON THE SERVICE ROLL

Date of Birth 11 June 1895
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 98 Mechanic, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Deceased
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted May 27, 1918. Canton

Date and Place Where Mustered In or Reported for Duty June 2, 1918. Camp Jackson

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
Truck Co. D. Battery B. 2nd Batt.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Wagoner

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Jackson, S. C.
Camp Stuart, Va. Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....
American Expeditionary Force

If so, Date and Ship from the United States or Canada July 9, 1918

Port Sailed From for Overseas Newport News, Va.

Date of Arrival Overseas July 16, 1918

Port of Arrival Overseas Brest

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same St Mihiel

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Wounded or Other Injuries Received in Action, Place and Date Lobar pneumonia contracted during St Mihiel drive Sept 15, 1918

If Confined in Hospital, During What Time and Place Base Hospital 45

.....

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Chauffeur.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Thomas Gavigan, Canton

Name of Mother and Place of Residence.....Joanna.....".....".....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....160 lbs.....

Your Height in Feet and Inches.....6'.....

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Light Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....
Glenn Cram, Milton, Mass

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death ....Sept 25, 1918....

Give Place of Death and Place of Burial....France....

Give Burial Lot Number....Not known....

Any Monument or Headstone Marked to Deceased Where Buried ....Not known....

Any Memorial for Deceased in Other Cemetery Than Where Buried ....No....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone....Undecided

Name and Address of Person Filling Out This Record of Deceased.....
Catherine Kenefick (aunt) Mechanic St, Canto

REMARKS.

(Please give here any matter of interest relating to Your Service.)

GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Joseph Parkinson Gee
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth
DAY MONTH YEAR

Place of Birth
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 172 Neponset St - Canton Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number 536605

Co., Regt., Ship, or Service, First Assigned to and Date Coast Artillery

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

.....

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.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Frank Goncalves
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Frank Goncalves
AS APPEARS ON THE SERVICE ROLL

Date of Birth 1893
DAY MONTH YEAR

Place of Birth Cape Verde Islands
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Capen Pl. Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Capen Pl. Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Aug. 4, 1918. Canton, Mass.

Date and Place Where Mustered In or Reported for Duty Camp Devens, Mass.

Give Government Identification Tag Number 4182501

Co., Regt., Ship, or Service, First Assigned to and Date 49th Infantry

Other Regiments, Ships or Branches of Services, Transferred to and Dates

546 Engineers

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....
American Expeditionary Forces

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas ..... Hoboken, N.J.

Date of Arrival Overseas .....

Port of Arrival Overseas..... Southampton, Eng.

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home..... St Nazaire

Date of Arrival from Overseas..... July 26, 1919

Place of Arrival in United States ..... Newport News, Va.

Important Places Where Stationed Overseas.....
Nancy - Essuntille - Meuse Argonne

Participated in What Battles and Dates of Same.....

Wounded or Other Injuries Received in Action, Place and Date .....

If Confined in Hospital, During What Time and Place .....

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

When Discharged from Service..... July 3, 1919

Where Discharged from Service ..... Camp Devens

For What Reason Discharged from Service..... Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Laborer.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence John Goncalves Cape Verde Is.

Name of Mother and Place of Residence Tonie " " " "

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....Yes.....

And if so, Give Full Name and Address of Either or Both .....

.....Antonio Goncalves Boston, Mass.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....185 lbs.....

Your Height in Feet and Inches.....6'.....

Your Complexion—White or Colored .....Colored.....

Color of Your Eyes.....Black.....

Color of Your Hair .....Black.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

.....

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.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....No.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Philip Gorman
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Philip Gorman
AS APPEARS ON THE SERVICE ROLL

Date of Birth 15 (DAY) April (MONTH) 1899 (YEAR)

Place of Birth Canton (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 50 Draper Lane (STREET AND NUMBER) Canton (CITY OR TOWN), Mass (STATE).

Place of Residence at Present Time 50 Draper Lane (STREET AND NUMBER) Canton (CITY OR TOWN), Mass (STATE).

Enlisted or Drafted Enlisted

Date and Place of Enlistment March 27, 1918, Boston, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty March 28, 1918.

Give Government Identification Tag Number 580548

Co., Regt., Ship, or Service, First Assigned to and Date

18th Co. Coast Artillery Corps

Other Regiments, Ships or Branches of Services, Transferred to and Dates

5th Unit Sept. Auto Rep. Det. C.A.C.

Battery D. 65th Artillery C.A.C.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Fort Strong, Boston, Mass. Overseas.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....
American Expeditionary Force

If so, Date and Ship from the United States or Canada Sept 23. Mongolia

Port Sailed From for Overseas Hoboken, N.J.

Date of Arrival Overseas Oct 6, 1918.

Port of Arrival Overseas St Nazaire

Date and Ship Sailed Returning Home Haverford Jan 15, 1919

Port Sailed from Returning Home Brest

Date of Arrival from Overseas Jan 30, 1919

Place of Arrival in United States Philadelphia

Important Places Where Stationed Overseas.....

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.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

.....

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service Feb 14, 1919

Where Discharged from Service Camp Dix, N.J.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Knitter.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Deceased.....

Name of Mother and Place of Residence...Nellie Gorman, Canton

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service ...120 lbs.....

Your Height in Feet and Inches.....5' 6"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Light

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Arthur Taph Dedham .....

Robert McCormack, Boston .....

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ..... No. .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name William Walter Goss.
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name William Walter Goss.
AS APPEARS ON THE SERVICE ROLL

Date of Birth 5 (DAY) July (MONTH) 1893. (YEAR)

Place of Birth Canton, (CITY OR TOWN) Mass. (STATE OR COUNTRY)

Place of Residence When Entering the Service 265 Neponset, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Place of Residence at Present Time 265 Neponset, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass. (STATE)

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Mass. Oct 5, 1917.

Date and Place Where Mustered In or Reported for Duty Oct 5, 1917. Canton

Give Government Identification Tag Number 40739

Co., Regt., Ship, or Service, First Assigned to and Date Co. K. 302d. Infantry.

Other Regiments, Ships or Branches of Services, Transferred to and Dates 2nd Co. 2nd Inf. Training Corps. 1st Corps. Co. G. 166 Inf. H. Q. Troop. 2nd Field Army

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens. Mass

Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....
American Expeditionary Force

If so, Date and Ship from the United States or Canada Great Northern Mar. 12

Port Sailed From for Overseas Hoboken, N.J.

Date of Arrival Overseas March 20, 1918

Port of Arrival Overseas Brest.

Date and Ship Sailed Returning Home Pastonies March 14, 1919

Port Sailed from Returning Home Newport News Va.

Date of Arrival from Overseas March 26.

Place of Arrival in United States Hampton Roads, Va.

Important Places Where Stationed Overseas Toul Sector.
Alsace Lorraine. Chatteau Thierry
St Mihiel

Participated in What Battles and Dates of Same
Baccarat April 1 - June 22, '18
Champagne July 14 - 18. St Mihiel Sept 12.
Chatteau Thierry, July 22 - Aug 2, '18

Wounded or Other Injuries Received in Action, Place and Date
Shrapnel wound left forearm,
Chatteau Thierry. Aug 2, 1918.

If Confined in Hospital, During What Time and Place
Base 1. Paris. Base 6. Bordeaux.

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service April 15, 1919.

Where Discharged from Service Camp Devens, Mass.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....George Goss. Canton, Mass

Name of Mother and Place of Residence.....Martha Goss. " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.

Give Number of Policy.....16178. 1459899

What Was Your Weight When Entering the Service .....?

Your Height in Feet and Inches.....5' 6 3/4"

Your Complexion—White or Colored .....Medium

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Thomas Brown, Louisburg, Ohio

David Lowell, Frankfort Ohio

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Thomas Grafton, Jr.
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Cook, Thomas Grafton, Jr.
AS APPEARS ON THE SERVICE ROLL

Date of Birth 31 (DAY) December (MONTH) 1889 (YEAR)

Place of Birth Balls Bridge, Dublin, Ireland
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 25 Highland, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 25 Highland, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Mass

Date and Place Where Mustered In or Reported for Duty Sept 26, 1917

Give Government Identification Tag Number 1922858

Co., Regt., Ship, or Service, First Assigned to and Date Co. K. 302nd Inf.

Other Regiments, Ships or Branches of Services, Transferred to and Dates H.Q. Co. C.O.T.S. 4th Co. 1st Training Batt. 157 Depot Brig. 28th Sub. B & C. School, Casual Det.

Rank While in Service Cook

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Mass Camp Gordon Ga.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....January 27, 1919.....

Where Discharged from Service .....Camp Gordon, Ga.

For What Reason Discharged from Service.....End of War.

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Motorman.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Thomas Grafton, Ireland.....

Name of Mother and Place of Residence.....Jane.....".....

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....Sister.....

And if so, Give Full Name and Address of Either or Both .....

Mrs. Ernest Seaman, 9 Rockland, Canton.

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....168 lbs.....

Your Height in Feet and Inches.....5' 9"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Dark.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Russell Shaw, Canton, Mass

Ernest Seaman, " "

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Edmund Augusta Gray
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Edmund A. Gray
AS APPEARS ON THE SERVICE ROLL

Date of Birth 10 (DAY) Aug. (MONTH) 1894 (YEAR)

Place of Birth Canton, (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 61 Leonard, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 61 Leonard, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Aug. 10, 1917. Boston, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Aug. 13, '17 Camp Devens

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date 1st. A Quartermaster's

Other Regiments, Ships or Branches of Services, Transferred to and Dates
4th. Co. Conservation + Reclaimation

Rank While in Service Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place 4 times at Base Hospital, Camp Devens. Pneumonia-Influenza

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Feb. 21, 1919.....

Where Discharged from Service .....Camp Devens.....

For What Reason Discharged from Service...Dependency.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Plumber.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....James E. Gray. Canton

Name of Mother and Place of Residence.....Catherine " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....178 lbs.....

Your Height in Feet and Inches.....6' 1"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Dark Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....
James Connors, Waltham, Mass
Nelson Reed, Newton, "
Verne Bree, Seattle, Wash.

Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name James Henry Gray
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name James Henry Gray
AS APPEARS ON THE SERVICE ROLL

Date of Birth 25 March 1896
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 61 Leonard, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 61 Leonard " "
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton July 29, 1918

Date and Place Where Mustered In or Reported for Duty Syracuse, N.Y. July 30.

Give Government Identification Tag Number 4309023

Co., Regt., Ship, or Service, First Assigned to and Date 16th Co. 4th Batt.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
334th Infantry Sept 1, 1918
330th Military Police Nov. 1918.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Syracuse, Camp Mills.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Jan. 8, 1919.....

Where Discharged from Service .....Camp Mills.....

For What Reason Discharged from Service.....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Clerk.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....James E. Gray, Canton.....

Name of Mother and Place of Residence.....Catherine.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....T. 3764780.....

What Was Your Weight When Entering the Service .....135 lbs.....

Your Height in Feet and Inches.....6' 2".....

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Thomas M. Welken, Atlantic, Iowa
Russell Cushman, Greenville, S.C.
Hugh Gasser, Owensboro, Ky.

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Leo Vincent Gray
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Leo Vincent Gray
AS APPEARS ON THE SERVICE ROLL

Date of Birth 27 (DAY) Sept. (MONTH) 1891 (YEAR)

Place of Birth Canton (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 61 Leonard, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Deceased
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted July 22, 1918 Canton

Date and Place Where Mustered In or Reported for Duty July 22, Camp Devens

Give Government Identification Tag Number 3149673

Co., Regt., Ship, or Service, First Assigned to and Date
5th. Co. 2nd Batt. 151st. Depot Brigade

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Corporal

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Ayer

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

.....

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.....

Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

.....

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Stenographer.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence James Gray, Canton

Name of Mother and Place of Residence Catherine " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....150 lbs.....

Your Height in Feet and Inches.....6' 4 1/2"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Dark Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades

Percy Crocker, Sharon, Mass

Francis Ryan, Canton,

Have You a Photograph of Self, in Service Uniform, to Give Town Yes

If Foregoing Record is of One Deceased, Give Date of Death Sept. 21, 1918

Give Place of Death and Place of Burial Canton, Mass. St. Mary's Cemetery

Give Burial Lot Number

Any Monument or Headstone Marked to Deceased Where Buried Yes

Any Memorial for Deceased in Other Cemetery Than Where Buried

If Grave is Unmarked Will Permission be Given to Set a Government Headstone

Name and Address of Person Filling Out This Record of Deceased

Edmund A. Gray 61 Leonard, Canton, Mass.

REMARKS.

(Please give here any matter of interest relating to Your Service.)

GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Herbert Horton Guild
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Herbert Horton Guild
AS APPEARS ON THE SERVICE ROLL

Date of Birth 7 February 1897
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 392 Pleasant, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 392 Pleasant, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment April 17, 1917 So. Armory Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty July 25, '17 Framingham

Give Government Identification Tag Number 3538

Co., Regt., Ship, or Service, First Assigned to and Date
2nd Mass. Ambulance Co.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
103rd Ambulance Co.
101st Sanitary Train

Rank While in Service Private - Wagoner

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes American

If so, Date and Ship from the United States or Canada Sept 15, '17 Canada

Port Sailed From for Overseas Montreal, Canada

Date of Arrival Overseas Oct 2, 1917

Port of Arrival Overseas Liverpool, Eng.

Date and Ship Sailed Returning Home Jan 20, 1919. Mongolia

Port Sailed from Returning Home St Nazaire, France

Date of Arrival from Overseas Jan. 30, 1919

Place of Arrival in United States Hoboken, N.J.

Important Places Where Stationed Overseas Liffole-le grande-Cheman-des-Dames. Toul-Chatteau Thierry-St Mihiel-Argonne

Participated in What Battles and Dates of Same

Ambulance service

Wounded or Other Injuries Received in Action, Place and Date

Oct 17, 1918 Haudimont (Argonne Sector) #126 Vannes #117 Saveney #5 N.Y. #30 Devens Plattsburg

If Confined in Hospital, During What Time and Place Evac #8 Oct '18 #43 Blois

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Sept 11, 1919

Where Discharged from Service Plattsburg, N.Y.

For What Reason Discharged from Service End of service

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Student.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives)..Beatrice R. Haynes

Date and Place of Marriage to Wife (or Wives)Aug. 11, 1919 Canton, Mass

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.Ernest A. Guild, Canton, Mass

Name of Mother and Place of Residence.Caroline A. " " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....173 lbs.....

Your Height in Feet and Inches.....5' 11"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Richard Barrow, Canton, Mass.

Roy Nichols " "

Frank L. Kendall " "

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name James William Hagan
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name James William Hagan
AS APPEARS ON THE SERVICE ROLL

Date of Birth 7 May 1890
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 421 Washington, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 421 Washington, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Boston Navy Yard April 25, 1918

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Newport, R.I. May 6, 1921.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date May 7, 1918
Block Island Naval Base R.I.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Aug 21, 1918
Gunners' School, Newport, R.I.
Nov 2, 1918 S.P. 909 on U.S.S. Eaglet

Rank While in Service Gunner's Mate

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment Nov 1, 1918

If Not Overseas, Where Stationed While in Service Newport, Block Island, R.I. U.S.S. Eaglet, S.P. 909

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas ....No....

If so, Date and Ship from the United States or Canada ....

Port Sailed From for Overseas ....

Date of Arrival Overseas ....

Port of Arrival Overseas....

Date and Ship Sailed Returning Home....

Port Sailed from Returning Home....

Date of Arrival from Overseas....

Place of Arrival in United States ....

Important Places Where Stationed Overseas....

Participated in What Battles and Dates of Same....

Wounded or Other Injuries Received in Action, Place and Date ....

If Confined in Hospital, During What Time and Place ....

If Prisoner by Enemy, Date and Place of Capture....

Places Confined ....

Date and Place Released ....

Give Record of Service in Army or Navy before the German War if Any ....

When Discharged from Service....Dec. 14 1918....

Where Discharged from Service ....Newport, R.I.

For What Reason Discharged from Service....1st 20% placed on inactive duty

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Salesman.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....David T. Hagan, Deceased

Name of Mother and Place of Residence.....Margaret C. " "

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

Francis J. Hagan 109 Mechanic, Canton

Margaret C. " 421 Washington, "

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....176 lbs.....

Your Height in Feet and Inches.....5' 8"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Red

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Raymond E. Williams, Johnston, Penn.
Basil W. Shepard Nashua, N. H.
George E. Prue Sharon Heights, Mass

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Leon Thomas Haley
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name .....
AS APPEARS ON THE SERVICE ROLL

Date of Birth 10 March 1899
DAY MONTH YEAR

Place of Birth Roslindale, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 548 Bolivar, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 548 Bolivar, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Oct 22, 1918 Worcester, Mass

Date and Place Where Drafted .....

Date and Place Where Mustered In or Reported for Duty Oct 22, '18 Worcester

Give Government Identification Tag Number .....

Co., Regt., Ship, or Service, First Assigned to and Date .....
Student Army Training Corps.

Other Regiments, Ships or Branches of Services, Transferred to and Dates .....

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Rank While in Service Private

If Commissioned Officer Give Date of Commission .....

If Appointed Officer Give Date of Every Appointment .....

If Not Overseas, Where Stationed While in Service Worcester, Mass

.....

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas ....No....

If so, Date and Ship from the United States or Canada

Port Sailed From for Overseas

Date of Arrival Overseas

Port of Arrival Overseas

Date and Ship Sailed Returning Home

Port Sailed from Returning Home

Date of Arrival from Overseas

Place of Arrival in United States

Important Places Where Stationed Overseas

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service ....Dec. 10, 1918....

Where Discharged from Service ....Worcester, Mass....

For What Reason Discharged from Service ....Demobilization....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Student.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Frank A. Haley, Canton, Mass

Name of Mother and Place of Residence.....Stella M. " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....4915710.....

What Was Your Weight When Entering the Service .....126 lbs.....

Your Height in Feet and Inches.....5' 9".....

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Hermon Hanselin, 19 Meriden, Greenfield, M

Seymour Clark, Jr. Sandwich, Mass

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name George Whitman Harrington
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name George Whitman Harrington
AS APPEARS ON THE SERVICE ROLL

Date of Birth 16 March 1893
DAY MONTH YEAR

Place of Birth Washington, Rhode Island
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time R.F.D. #2 Putnam, Conn.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted May 24, '18 Canton, Mass

Date and Place Where Mustered In or Reported for Duty May 30, '18 Camp Upton, L.I.

Give Government Identification Tag Number 3192996

Co., Regt., Ship, or Service, First Assigned to and Date
May 24, '18 152nd Depot Brigade

Other Regiments, Ships or Branches of Services, Transferred to and Dates
June 1918 Camp Johnston, Florida

Rank While in Service Private 1/c

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas
Camp Johnston, Jacksonville, Fla

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Sept 7, 1918

Port Sailed From for Overseas Newport News, Va.

Date of Arrival Overseas Sept 21, 1918

Port of Arrival Overseas Brest, France

Date and Ship Sailed Returning Home June 12, '19 De Kalb

Port Sailed from Returning Home Saint Nazaire

Date of Arrival from Overseas June 24, 1919

Place of Arrival in United States Newport News, Va.

Important Places Where Stationed Overseas

Brest and St Nazaire

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service June 30, 1919

Where Discharged from Service Camp Devens, Mass.

For What Reason Discharged from Service End of War

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Farmer

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence Joel Harrington, Washington, R. Is.

Name of Mother and Place of Residence Ella " " "

Are You Without the Foregoing Relatives in This Country .....Deceased

If So, Have You a Brother or Sister Here.....Yes

And if so, Give Full Name and Address of Either or Both .....

Mrs George Greenwood 48 May St.,

South Attleboro, Mass.

Have You a War Risk Insurance Policy.....No.

Give Number of Policy.....

What Was Your Weight When Entering the Service .....170 lbs.

Your Height in Feet and Inches.....5' 8"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Joseph Francis Harrington
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Joseph Francis Harrington
AS APPEARS ON THE SERVICE ROLL

Date of Birth 20 May 1889
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Albany, N.Y.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Albany, N.Y.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Aug. 8, '18 Albany, N.Y.

Date and Place Where Mustered In or Reported for Duty Aug. 9, '18 Ft. Slocum, N.Y.

Give Government Identification Tag Number 3600581

Co., Regt., Ship, or Service, First Assigned to and Date 12th Brig. F.A. Bat. A. 34 F.A. Camp McClellan, Ala.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Central Officers Training School, 15 Training Batt. Camp Taylor, Ky.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp McClellan, Ala. Camp Taylor, Louisville, Ky.

Any Service in American-Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Electrical Engineer

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).Rose E. Kennally

Date and Place of Marriage to Wife (or Wives)Canton, Mass. Sept 4, 1917

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of ResidenceJohn G. Harrington, Canton, Mass.

Name of Mother and Place of Residence.Joanna " " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....165 lbs.....

Your Height in Feet and Inches.....5' 11 1/2"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Dark Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Edward H. Burke, Detroit, Mich.

Herbert Moseman, Phoenicia, N.Y.

Harold Horton, Arcadia, Cal.

Have You a Photograph of Self, in Service Uniform, to Give Town ..... No.

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name William Joseph Haverty
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name William Joseph Haverty
AS APPEARS ON THE SERVICE ROLL

Date of Birth 9 June 1893
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 15 Bolivar, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 15 Bolivar, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment Camp Devens, Ayer, Oct 5, 1917

Date and Place Where Drafted Canton, Mass Oct 4, 1917

Date and Place Where Mustered In or Reported for Duty Oct 5, 1917

Give Government Identification Tag Number 1658309

Co., Regt., Ship, or Service, First Assigned to and Date

Co. K. 302nd Infantry

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Hdqtrs. Co. 302d Inf.

Co I 163 Infantry

Rank While in Service Private - Corporal

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Camp Devens, Ayer, Mass

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada July 4, '17 "Acquitania"

Port Sailed From for Overseas New York

Date of Arrival Overseas July 12, 1918

Port of Arrival Overseas Liverpool, Eng.

Date and Ship Sailed Returning Home Feb 4, '19 "Huntington"

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas Feb. 16, 1919

Place of Arrival in United States Hoboken, N.J.

Important Places Where Stationed Overseas Bordeaux, Brest, Le Courneau, St Armand, St Georges

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any None

When Discharged from Service Feb 26, 1919

Where Discharged from Service Camp Dix, N.J.

For What Reason Discharged from Service Demobilized

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service. Asst. Purchasing Agent

Married or Single ..... Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence Michael J. Haverty, Canton, Mass.

Name of Mother and Place of Residence Mary E. (Deceased)

Are You Without the Foregoing Relatives in This Country ..... No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

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Have You a War Risk Insurance Policy..... No

Give Number of Policy.....

What Was Your Weight When Entering the Service ..... 150 lbs

Your Height in Feet and Inches..... 5' 9"

Your Complexion—White or Colored ..... White

Color of Your Eyes..... Blue

Color of Your Hair ..... Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

James J. Connelley, Milton, Mass

Thomas J. Byrne, ...

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name George Vincent Healy
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name George Vincent Healy
AS APPEARS ON THE SERVICE ROLL

Date of Birth 19 (DAY) July (MONTH) 1889 (YEAR)

Place of Birth Canton, (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 45 Mechanic (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Place of Residence at Present Time 84 Vine (STREET AND NUMBER), Brockton, (CITY OR TOWN) Mass (STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment June 11, '17 Brockton, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty June 26, '17 Ft. Slocum, N.Y.

Give Government Identification Tag Number 637957

Co., Regt., Ship, or Service, First Assigned to and Date Med. Dept.
Ft. Slocum, N.Y. June 26, 1917.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Med. Dept.
Walter Reed Hospital, Wash. D.C.
July 2, 1917.

Rank While in Service Private, Corporal, Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Ft. Slocum, N.Y.
Washington, D.C.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place Sept 5-Oct 27, 1918
Walter Reed Hospital, Wash. D.C.

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any None

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When Discharged from Service July 28, 1919

Where Discharged from Service Walter Reed Hosp. Wash D.C.

For What Reason Discharged from Service Demobilized

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Drug Clerk.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Patrick E. Healy, Canton, Mass.

Name of Mother and Place of Residence.....Deceased.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....142 lbs.....

Your Height in Feet and Inches.....5' 3"

Your Complexion—White or Colored .....Ruddy

Color of Your Eyes.....Blue

Color of Your Hair .....Dark Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Arthur J. Edwards, Akron, Ohio

George J. Kane, " "

Claude Woodley, Washington, D.C.

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Gerald James Healy
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Gerald James Healy
AS APPEARS ON THE SERVICE ROLL

Date of Birth 7 October 1899
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 1159 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 1159 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Oct 22, 1918. Holy Cross College

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Oct 22, 1918

Give Government Identification Tag Number 5527583

Co., Regt., Ship, or Service, First Assigned to and Date

Co. A S.A.T.C.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Corporal

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Holy Cross College, Worcester, Mass

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas :.....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service....Dec. 13, 1918.....

Where Discharged from Service Holy Cross, Worcester, Mass

For What Reason Discharged from Service Expiration of Service

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Student.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Gerald A. Healy, Canton, Mass

Name of Mother and Place of Residence.....Annie F. " " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....140 lbs.....

Your Height in Feet and Inches.....5' 6"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Philip H. Sheahan, 25 Beacon, Portland, Me

Thomas J. McMahon, Winsted, Conn.

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John Francis Healy
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name J. F. Healy
AS APPEARS ON THE SERVICE ROLL

Date of Birth 25 August 1893
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 143 Bolivar, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 25 Beaumont, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Aug. 18, 1911

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty "Wabash" Charlestown

Give Government Identification Tag Number None

Co., Regt., Ship, or Service, First Assigned to and Date "Delaware"

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Boatswain's Mate 1/c

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service With British Grand Fleet, Scapa Flow, Scotland.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

British Fleet

If so, Date and Ship from the United States or Canada "Delaware" Nov. 22, 1917.

Port Sailed From for Overseas Boston Navy Yard

Date of Arrival Overseas

Port of Arrival Overseas

Date and Ship Sailed Returning Home "Delaware" July 30, 1918.

Port Sailed from Returning Home Rosyth, Scotland

Date of Arrival from Overseas Aug. 12, 1918

Place of Arrival in United States Hampton Roads, Va.

Important Places Where Stationed Overseas North Sea,

Scapa Flow, Rosyth

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any In service from Aug. 18, 1911.

When Discharged from Service May 24, 1919

Where Discharged from Service Hampton Roads, Va

For What Reason Discharged from Service Expiration of Service

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence...Wm. H. Healy, Canton, Mass.

Name of Mother and Place of Residence...Catherine " " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....122 lbs.....

Your Height in Feet and Inches.....5' 2"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

J. C. McCausland

Archie Storme

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

Ship was congratulated by King George skillful handling while three torpedoes were fired at it, while on convoy duty off coast of Norway.

GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Walter Leroy Heineman
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Walter Leroy Heineman
AS APPEARS ON THE SERVICE ROLL

Date of Birth 11 February 1898
DAY MONTH YEAR

Place of Birth Chicago, Ill.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 210 Sherman, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 4920 N. 3rd St. Phila. Pa.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment April 9, 1917. Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Apr. 7, 1917 Boston

Give Government Identification Tag Number 1723511

Co., Regt., Ship, or Service, First Assigned to and Date
"Illinois" April 20, 1917.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
"Mercury" May 1918.
"Delaware" July 31, 1919

Rank While in Service Electrician 2/c

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
Transport Service during War.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada "Mercury"

Port Sailed From for Overseas

Date of Arrival Overseas

Port of Arrival Overseas

Date and Ship Sailed Returning Home

Port Sailed from Returning Home

Date of Arrival from Overseas

Place of Arrival in United States

Important Places Where Stationed Overseas

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place April 30-July, 1919.

Philadelphia. Bronchitis

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service July 17, 1920

Where Discharged from Service Boston

For What Reason Discharged from Service Termination of Service

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service..Chauffeur & Foreman

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives) Hazel M. Montgomery

Date and Place of Marriage to Wife (or Wives)..May 6, '19 Philadelphia

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

Walter Leroy Heineman, Jr. Feb. 15, 1920
Philadelphia, Pa.

Name of Father and Place of Residence..W. C. Heineman (Deceased)

Name of Mother and Place of Residence..Kelsie L. Black .....

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....No.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....135 lbs.....

Your Height in Feet and Inches.....5' 7½"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Grey.....

Color of Your Hair .....Light Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Bert Lepsion. St Paul, Minn.

Jack Handford. Philadelphia, Pa.

Harold Abbott. Hillsboro N. H.

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Lawrence Hemenway
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth 28 December 1891
DAY MONTH YEAR

Place of Birth
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Green, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Green, Canton Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Plattsburg Barracks, N.Y.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty May 17, 1917

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Signal Corps, Aviations Section

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service 1st Lieutenant

If Commissioned Officer Give Date of Commission Nov. 27, 1917

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Kelly Field, Texas. Garden City, Long Is. N.Y.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any 3 months American Ambulance Corps Feb 1915.

When Discharged from Service Dec. 18, 1918

Where Discharged from Service Garden City, N.Y.

For What Reason Discharged from Service Armistice

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Manufacturing.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).....Natalie Thayer.....

Date and Place of Marriage to Wife (or Wives).....Lancaster, Mass.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Augustus Hemenway, Canton.

Name of Mother and Place of Residence.....Harriet.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....140 lbs.....

Your Height in Feet and Inches.....5' 8"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Samuel Cabot Canton, Mass.

John Richardson " "

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Alfred Hemmingsen
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Alfred Hemmingsen
AS APPEARS ON THE SERVICE ROLL

Date of Birth 28 October 1886
DAY MONTH YEAR

Place of Birth Denmark
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 330 Washington, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 330 Washington, " "
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, May 26, 1918

Date and Place Where Mustered In or Reported for Duty Boston, May 27, 1918

Give Government Identification Tag Number 2462215

Co., Regt., Ship, or Service, First Assigned to and Date May 27, 1918.
School Det. U.S.A. Wentworth Institute.

Other Regiments, Ships or Branches of Services, Transferred to and Dates 16th Depot Co.
Camp Raritan, N.J. July 30, 1918.

Rank While in Service 1/c Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes American

If so, Date and Ship from the United States or Canada "Susquehanna" Aug 30, '18

Port Sailed From for Overseas New York

Date of Arrival Overseas Sept 12, 1918

Port of Arrival Overseas Brest

Date and Ship Sailed Returning Home "Frederick Whilhem" July 5, 1919.

Port Sailed from Returning Home Brest

Date of Arrival from Overseas July 14, 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas Angier, Mehun

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place Jan. 1919. Influenza. Mehun

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service July 23, 1919

Where Discharged from Service Camp Devens, Mass

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Instrument maker

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....G. S. Hemingsen (Deceased)

Name of Mother and Place of Residence.....Anna " Denmark

Are You Without the Foregoing Relatives in This Country .....Yes

If So, Have You a Brother or Sister Here.....Brother

And if so, Give Full Name and Address of Either or Both .....

Harold Hemingsen, Kansas City.

.....

Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....

What Was Your Weight When Entering the Service .....135 lbs.

Your Height in Feet and Inches.....5' 7"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Elmer J. Havlstead, Bloomington, Del.

J. J. McCann, Hanover, Iowa

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Edwin John Hill
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Hill, Edwin J.
AS APPEARS ON THE SERVICE ROLL

Date of Birth 10 January 1896
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 45 Sherman, Canton,
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 45 Sherman, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Ft. Slocum, N.Y.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Dec. 12, 1917

Give Government Identification Tag Number 778861

Co., Regt., Ship, or Service, First Assigned to and Date 26th Receiving Co. Quartermaster Corps.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Provincial Pack Co. No. 1.
A. E. D. Wagon Co.

Rank While in Service 1/c Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Jacksonville, Fla.
Newport News, Va.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....April 10, 1919.....

Where Discharged from Service .....Camp Devens, Mass.....

For What Reason Discharged from Service.....Expiration of term

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence Thomas J. Hill, Canton, Mass.

Name of Mother and Place of Residence Ellen F. Hill, Canton, Mass.

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....1,313,761.....

What Was Your Weight When Entering the Service .....140 lbs.....

Your Height in Feet and Inches.....5' 7"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Dark Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Joseph Lang, Milford, Mass

James Maxwell, Epsworth, Iowa

William Hance, New Jersey

Have You a Photograph of Self, in Service Uniform, to Give Town ..... No.

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Francis Thomas Hill
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Francis Thomas Hill
AS APPEARS ON THE SERVICE ROLL

Date of Birth 6 (DAY) July (MONTH) 1898 (YEAR)

Place of Birth Canton, (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 45 Sherman, (STREET AND NUMBER) Canton, (CITY OR TOWN) (STATE)

Place of Residence at Present Time 45 Sherman, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Enlisted or Drafted Inducted (voluntary)

Date and Place of Enlistment

Date and Place Where Drafted Canton Oct 10, 1918

Date and Place Where Mustered In or Reported for Duty Cambridge, Oct 10, 1918

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Co B S.A.T.C. Mass Inst of Technology

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Cambridge, Mass.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas: No

If so, Date and Ship from the United States or Canada

Port Sailed From for Overseas

Date of Arrival Overseas

Port of Arrival Overseas

Date and Ship Sailed Returning Home

Port Sailed from Returning Home

Date of Arrival from Overseas

Place of Arrival in United States

Important Places Where Stationed Overseas

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service: Dec. 15, 1918

Where Discharged from Service: Cambridge, Mass

For What Reason Discharged from Service: Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Student.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Thomas J. Hill, Canton, Mass.

Name of Mother and Place of Residence..Ellen B. " " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....155 lbs.....

Your Height in Feet and Inches.....5' 10½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

.....

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.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....No.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Helen Stomans
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Helen Stomans
AS APPEARS ON THE SERVICE ROLL

Date of Birth 26th (DAY) January (MONTH) 1884 (YEAR)

Place of Birth Boston (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 164 Beacon St. (STREET AND NUMBER) Boston (CITY OR TOWN) Mass (STATE)

Place of Residence at Present Time Deceased
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Nurse under British Red Cross. May-Sept. 1915. Feb. 1916 to Mar. 1918 at Hopital de l'Alliance. Feb. Jan. 1917 under French Red Cross at Hopital 109 - Pontandemer. Eure. Feb - Sept. 1917.

~~Other Regiment, Ships or Branches of Services, Transferred to and Dates~~ Under French Red Cross at H.O.E. No. 18 S.P. 181 Vassenay - Aisne - Oct. 1917 - Feb. 1918 Under French Red Cross at H.C.A. No. 65 at Pontoise - Seine et Oise. July 1918 - Nov. 1918

Rank While in Service Nurse

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

.....

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.....

Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

.....

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations Croix de Guerre with Palm

Kind of Occupation Before War Service Social Work

Married or Single Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence: John Stoneman Boston

Name of Mother and Place of Residence Adelen Stoneman "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

.....

.....

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ...Yes.....

If Foregoing Record is of One Deceased, Give Date of Death ..Nov. 5th. 1918.....

Give Place of Death and Place of Burial..Pontoise - France - Buried in Milton - Mass

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried ...Yes.....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....No.....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased..Edith W. Stomans,.....

.....Elm St., Canton - Mass.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name William Perkins Homans
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name William P Homans
AS APPEARS ON THE SERVICE ROLL

Date of Birth 12 January 1887
DAY MONTH YEAR

Place of Birth Boston, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 164 Beacon, Boston, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Elm, Ponkapoag, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment May 15, 1917

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Plattsburg, N.Y.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date 1st Troop Cavalry 1st Training Regt. May 15, 1917

Other Regiments, Ships or Branches of Services, Transferred to and Dates
151st Depot Brigade, Sept 2, 1917
301st Ammunition Train, July 1, 1918

Rank While in Service 1st Lieut. Captain

If Commissioned Officer Give Date of Commission June 17, '17. Aug. 15, '17

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
Camp Devens, and Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas: Yes

American

If so, Date and Ship from the United States or Canada "Ajana" July 13, 1918.

Port Sailed From for Overseas: Montreal

Date of Arrival Overseas: July 27, 1918

Port of Arrival Overseas: Liverpool

Date and Ship Sailed Returning Home: "Kansas" Feb 4, 1919.

Port Sailed from Returning Home: Brest

Date of Arrival from Overseas: Feb 23, 1919

Place of Arrival in United States: New York

Important Places Where Stationed Overseas: Camp de Louge, France

Participated in What Battles and Dates of Same:

Wounded or Other Injuries Received in Action, Place and Date:

If Confined in Hospital, During What Time and Place:

If Prisoner by Enemy, Date and Place of Capture:

Places Confined:

Date and Place Released:

Give Record of Service in Army or Navy before the German War if Any: Sergeant Troop B. 1st Squadron Cavalry, N.Y.

When Discharged from Service: Feb 27, 1919

Where Discharged from Service: Camp Dix

For What Reason Discharged from Service: Honorable

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service Manufacturer Textile Machinery

Married or Single Married

If Ever Married, Maiden Name of Wife (or Wives) Edith W. Parkman

Date and Place of Marriage to Wife (or Wives) May 31, 1920 Boston.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence Dr. John Homans. Boston

Name of Mother and Place of Residence Helen A. " "

Are You Without the Foregoing Relatives in This Country No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy Yes

Give Number of Policy.....

What Was Your Weight When Entering the Service 167 lbs.

Your Height in Feet and Inches 6' 1 1/4"

Your Complexion—White or Colored White

Color of Your Eyes Brown

Color of Your Hair Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....
Roy B. Kenyon, Jamaica Pl. Mass
Samuel Cabot, " " "

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Thomas Joseph Hopkins
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Thomas Joseph Hopkins
AS APPEARS ON THE SERVICE ROLL

Date of Birth 12 February 1895
DAY MONTH YEAR

Place of Birth Aughurrina, Roscommon, Ireland.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 137 Washington, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 56 Elsmere Ave, Lynn, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted April 26, '18 Canton, Mass.

Date and Place Where Mustered In or Reported for Duty Camp Devens, Mass.

Give Government Identification Tag Number 1692607

Co., Regt., Ship, or Service, First Assigned to and Date
24th. Co. Depot Brigade

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co. B. 301st Ammunition Train.

Rank While in Service 1/c Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Ajana Montreal July 13

Port Sailed From for Overseas Montreal, Canada

Date of Arrival Overseas July 31, 1918.

Port of Arrival Overseas Liverpool, Eng.

Date and Ship Sailed Returning Home June 20, 19. Gen. Gorgace

Port Sailed from Returning Home Bordeaux

Date of Arrival from Overseas July 4, 1919.

Place of Arrival in United States Newport News Va.

Important Places Where Stationed Overseas

St Amiens, Ange, Bordeaux.

Participated in What Battles and Dates of Same None

Wounded or Other Injuries Received in Action, Place and Date None

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service July 11, 1919

Where Discharged from Service Camp Devens, Mass

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Motorman.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Thomas Hopkins, Ireland

Name of Mother and Place of Residence.....Mary A. Collally, "

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....Yes.....

And if so, Give Full Name and Address of Either or Both .....

Beatrice Hopkins,

124 Harvard St. Medford, Mass.

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....150 lbs.....

Your Height in Feet and Inches.....5' 11"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Fair.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

James Lee Worcester, Mass

William Moore, " "

Fred Flynn, " "

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Thomas Horgan, Jr.
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Thomas Horgan.
AS APPEARS ON THE SERVICE ROLL

Date of Birth 7 April 1898
DAY MONTH YEAR

Place of Birth Canton, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Farm, Ponkapoag, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 37 Orange, New Haven, Conn.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment New York City, July 8, 1918.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty July 8, '18 New York

Give Government Identification Tag Number 709475

Co., Regt., Ship, or Service, First Assigned to and Date July 3, 1918.
30th Service Co. Signal Corps.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
224th Field Signal Batt.

Rank While in Service 1/c Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
Camp Franklin, Md.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas ....No....

If so, Date and Ship from the United States or Canada ....

Port Sailed From for Overseas ....

Date of Arrival Overseas ....

Port of Arrival Overseas....

Date and Ship Sailed Returning Home....

Port Sailed from Returning Home....

Date of Arrival from Overseas....

Place of Arrival in United States ....

Important Places Where Stationed Overseas....

Participated in What Battles and Dates of Same....

Wounded or Other Injuries Received in Action, Place and Date ....

If Confined in Hospital, During What Time and Place ....

If Prisoner by Enemy, Date and Place of Capture....

Places Confined ....

Date and Place Released ....

Give Record of Service in Army or Navy before the German War if Any ....

When Discharged from Service....Jan. 24, 1919....

Where Discharged from Service ....Camp Franklin, Md.

For What Reason Discharged from Service....Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Journalist

Married or Single .....Single.

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Thomas Horgan, Ponkapoag.

Name of Mother and Place of Residence..Annie " " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....K. 9115

What Was Your Weight When Entering the Service .....135 lbs

Your Height in Feet and Inches.....5'9"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

H. A. J. Peers, Evanstown, Wyo.

Wm. Mc Giveney, Berlin, N. H.

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Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name George Howard Horton
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name .....
AS APPEARS ON THE SERVICE ROLL

Date of Birth 23 February 1886
DAY MONTH YEAR

Place of Birth Toledo Ohio
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 2207 Wash. Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Deceased
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment .....

Date and Place Where Drafted .....

Date and Place Where Mustered In or Reported for Duty Sept 6, 1918

Give Government Identification Tag Number .....

Co., Regt., Ship, or Service, First Assigned to and Date
Co. 99. Batt. 25.

Other Regiments, Ships or Branches of Services, Transferred to and Dates .....

Rank While in Service Private

If Commissioned Officer Give Date of Commission .....

If Appointed Officer Give Date of Every Appointment .....

If Not Overseas, Where Stationed While in Service Camp U. S. Troops
Syracuse N.Y.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Wool Business.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....J. Chester Horton, Canton, Mass.

Name of Mother and Place of Residence.....Hattie C. " " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death Oct 3 '18 Syracuse

Give Place of Death and Place of Burial Canton Cemetery, Canton, Ma

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Louis Edward Howard
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Louis Edward Howard
AS APPEARS ON THE SERVICE ROLL

Date of Birth 1 March 1890
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 21 Hartwell Pl. Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 21 Hartwell Pl. Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Boston, Nov. 5, 1907 Mar. 12, 1915

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Newport, R.I. Nov. 6, 1907

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date "U.S.S. Cummings"

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Chief Quartermaster

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Philadelphia

Port Sailed From for Overseas "Cummings", May 12, 1917

Date of Arrival Overseas May 24, 1917

Port of Arrival Overseas Queenstown, Ireland

Date and Ship Sailed Returning Home Dec. 17, 1918. Cummings

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas Jan 3, 1919

Place of Arrival in United States Philadelphia

Important Places Where Stationed Overseas Queenstown, Ire.
Liverpool, Eng. Chatham, Eng.
Brest, Bordeaux, Lattaire, France

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service In service

Where Discharged from Service

For What Reason Discharged from Service

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....In navy.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Thomas J. Howard, (Deceased)

Name of Mother and Place of Residence.....Ellen A. " .....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....152 lbs.....

Your Height in Feet and Inches.....5' 6½"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Black.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Alfred Edward Hughes
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Alfred Edward Hughes
AS APPEARS ON THE SERVICE ROLL

Date of Birth 26 January 1893
DAY MONTH YEAR

Place of Birth Canton, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Eliot St, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 90 Prospect St, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Mar. 30, '18 Fort Arthur, Texas

Date and Place Where Mustered In or Reported for Duty Mar. 30, '18 San Antonio

Give Government Identification Tag Number 2247687

Co., Regt., Ship, or Service, First Assigned to and Date
10th Co 2nd Batt. 165th Depot Brigade

Other Regiments, Ships or Branches of Services, Transferred to and Dates Battery E.
111th Field Artillery, 29th Div.

Rank While in Service 1/c Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Gordon, Ga.
Camp Traverse, Tex. McClellan, Ala. Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada City of Exeter June 28, '18

Port Sailed From for Overseas Philadelphia

Date of Arrival Overseas July 15, 1918

Port of Arrival Overseas Liverpool, Eng.

Date and Ship Sailed Returning Home Virginian May 12, '19

Port Sailed from Returning Home St Nazaire, France

Date of Arrival from Overseas May 25, 1919

Place of Arrival in United States Newport News Va.

Important Places Where Stationed Overseas Grand Pont. Vannes Argonne, Meuson, Neuville, Le Mans.

Participated in What Battles and Dates of Same Argonne

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place At Camp Gordon, '18.

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service June 10, 1919

Where Discharged from Service Fort Worth, Texas

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service Switchboard engineer

Married or Single Married

If Ever Married, Maiden Name of Wife (or Wives) Cynthia B. Wilson

Date and Place of Marriage to Wife (or Wives) Nov. 18, '19 Corkville, Tex.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You No.

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence Jacob T. Hughes, Canton

Name of Mother and Place of Residence Lizzie " "

Are You Without the Foregoing Relatives in This Country No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy No.

Give Number of Policy.....

What Was Your Weight When Entering the Service 130 lbs.

Your Height in Feet and Inches 5' 9"

Your Complexion—White or Colored White

Color of Your Eyes Gray

Color of Your Hair Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Thomas Wilson, Corkeville, Tex.

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John Chambers Hughes
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John Chambers Hughes
AS APPEARS ON THE SERVICE ROLL

Date of Birth 26 July 1896
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 1196 Washington, Canton, Ma
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 1196 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Sept 3, 1918. Canton

Date and Place Where Mustered In or Reported for Duty Camp Devens Sept 3, '18

Give Government Identification Tag Number 4119192

Co., Regt., Ship, or Service, First Assigned to and Date
19th Co. 5th Depot Brigade

Other Regiments, Ships or Branches of Services, Transferred to and Dates
24th Guard Co. Camp Anatol, N.J.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens;
Camp Anatol; Schwarb Steel, Pa.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas ....No....

If so, Date and Ship from the United States or Canada

Port Sailed From for Overseas

Date of Arrival Overseas

Port of Arrival Overseas

Date and Ship Sailed Returning Home

Port Sailed from Returning Home

Date of Arrival from Overseas

Place of Arrival in United States

Important Places Where Stationed Overseas

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service ....April 3, 1919....

Where Discharged from Service ....Camp Devens....

For What Reason Discharged from Service ....Demobilization....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Carpenter

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Robert C. Hughes, Canton

Name of Mother and Place of Residence.....Emma Lewis Hughes "

Are You Without the Foregoing Relatives in This Country .....No

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No

Give Number of Policy.....

What Was Your Weight When Entering the Service .....180 lbs

Your Height in Feet and Inches.....5' 8"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Leslie Horton, Dighton, Mass

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Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Thomas Lewis Hughes
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Thomas Lewis Hughes
AS APPEARS ON THE SERVICE ROLL

Date of Birth 17 January 1898
DAY MONTH YEAR

Place of Birth Canton, Massachusetts
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 50 Eliot St, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 50 Eliot St Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Inducted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Oct 30, 1918

Date and Place Where Mustered In or Reported for Duty Oct 30, '18. Ft Monroe.

Give Government Identification Tag Number 4342876

Co., Regt., Ship, or Service, First Assigned to and Date
Co L Coast Artillery Corps

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Monroe, Va.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Dec. 11, 1918.....

Where Discharged from Service .....Ft. Monroe, Va.....

For What Reason Discharged from Service....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Student

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Jacob T. Hughes, Canton

Name of Mother and Place of Residence.....Lizzie " "

Are You Without the Foregoing Relatives in This Country .....No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....No.

Give Number of Policy.....

What Was Your Weight When Entering the Service .....125 lbs.

Your Height in Feet and Inches.....5' 10½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Hazel

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name George Hugh Hunt
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name George Hugh Hunt
AS APPEARS ON THE SERVICE ROLL

Date of Birth 18 December 1895
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 167 Neponset, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 167 Neponset, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Feb 26, 1918. Canton Mass.

Date and Place Where Mustered In or Reported for Duty Feb 26, '18 Camp Devens.

Give Government Identification Tag Number 1681482

Co., Regt., Ship, or Service, First Assigned to and Date
Co. K. 305th Inf. 3rd Batt. 77th Div.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Mass
Camp Upton, N.Y. Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Cedric Apr. 14, 1918

Port Sailed From for Overseas New York

Date of Arrival Overseas Apr. 28, 1918

Port of Arrival Overseas Liverpool, Eng.

Date and Ship Sailed Returning Home Aquitania Apr. 19, 1919.

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas April 24, 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas Calais, Chaumont, Chateau Thierry, Nancy, Baccarat, Le Mans

Participated in What Battles and Dates of Same. Baccarat, June 21-Aug 4, '18. Vesle, Aug 11-Aug 18, '18. Aisne, Aug 18-Sept 16, '18. Meuse-Argonne Sept 26-Oct 26, '18.

Wounded or Other Injuries Received in Action, Place and Date shot wound, right arm Argonne, Oct 6, '18. Seven gun

If Confined in Hospital, During What Time and Place Hospital #17. Dijon. Oct 6, '18-Nov. 15, '18.

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service May 8, 1919

Where Discharged from Service Camp Devens, Ayer, Mass.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service....Rubber Hose Maker

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....George L. Hunt

Name of Mother and Place of Residence.....Anna Hunt, Canton, Mass.

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....1494236

What Was Your Weight When Entering the Service .....150 lbs.

Your Height in Feet and Inches.....5' 7 1/4"

Your Complexion—White or Colored .....Light

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Leo Flanagan, Canton, Mass

Bert O'Connell, Stoughton, Mass

John Johnson, Stoughton, Mass

Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Frederic Angier Jenks
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Frederic A. Jenks
AS APPEARS ON THE SERVICE ROLL

Date of Birth 3 December 1886
DAY MONTH YEAR

Place of Birth Canton, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 45 Spring L. Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 45 Spring Lane Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Dec. 13, 1917 Boston, Mass.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Jan. 12, '18 Columbus, Ohio.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Aviation Section, Signal Reserve Corps. Columbus, Ohio Jan 12, '18.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Langley Field, Hampton, Va. Mar 27, '18

Rank While in Service Private 1/c. 2nd Lieutenant

If Commissioned Officer Give Date of Commission March 27, 1918

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Ohio State Univ., Columbus, Ohio. Langley Field, Hampton, Va.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Dec. 13, 1918.....

Where Discharged from Service ..Langley Field, Hampton, Va.

For What Reason Discharged from Service.....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Lawyer.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Henry F. Jenks, (Deceased)

Name of Mother and Place of Residence.....Lavina H. " Canton, Mass.

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....136 lbs.....

Your Height in Feet and Inches.....5' 9½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Blond

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Angelo Charles Johnson
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Angelo C. Johnson
AS APPEARS ON THE SERVICE ROLL

Date of Birth 22 April 1891
DAY MONTH YEAR

Place of Birth Vuitrien, Bulgaria
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 155 Mechanic, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 76 Mechanic, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment May 31, 1918. Canton, Mass.

Date and Place Where Drafted Canton, Mass.

Date and Place Where Mustered In or Reported for Duty Ft. Slocum June 3, 1918.

Give Government Identification Tag Number 386399

Co., Regt., Ship, or Service, First Assigned to and Date Co. B. 2nd Batt. F.A.R.D. June 5, 1918. Camp Jackson, S.C.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Batt B. 14th Regt F.A.R.D. Sept 28, 1918. Camp Jackson

Rank While in Service Private Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Jackson, S.C. and Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....January 10, 1919.....

Where Discharged from Service .....Camp Devens, Mass.....

For What Reason Discharged from Service.....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Stitcher.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence..Charles Johnson, Bulgaria

Name of Mother and Place of Residence..Death.....

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....Brother.....

And if so, Give Full Name and Address of Either or Both .....George Johnson

#239, Ecclearton, La.

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....150 lbs.....

Your Height in Feet and Inches.....5' 8"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Frank Reyhs, Canton, Mass.

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Walter Hayden Johnson
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Walter Hayden Johnson
AS APPEARS ON THE SERVICE ROLL

Date of Birth 31 March 1895
DAY MONTH YEAR

Place of Birth Gorham, Maine
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 330 Washington, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Gorham, Maine R.F.D. #1.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment June 29, 1919 Boston 1st Naval Dis

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty June 29, 1918.

Give Government Identification Tag Number W.H.J. 6-29-18; 3-37-90 U.S.N.R.F.

Co., Regt., Ship, or Service, First Assigned to and Date U.S. Naval Aviation School. Receiving Ship, Charleston, S.C.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Chief Carpenter's Mate.

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Buffalo, N.Y.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Dec. 23, 1918.....

Where Discharged from Service .....Buffalo, N.Y.....

For What Reason Discharged from Service.....Termination of War.

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Leather.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Melville Johnson, Gorham, M

Name of Mother and Place of Residence.....Lucy A.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....3719146.....

What Was Your Weight When Entering the Service .....134 lbs.....

Your Height in Feet and Inches.....5' 10½"

Your Complexion—White or Colored .....Dark.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Charles H. Wass, Saco Me. C.C.M.U.S.N.

F. E. Bulkerson, Reg't 15. Brks 1503 Great Lakes, Ill

William R. Lee, Lometa Texas

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John Joseph Joyce
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John Joseph Joyce
AS APPEARS ON THE SERVICE ROLL

Date of Birth 27 December 1892
DAY MONTH YEAR

Place of Birth North Easton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 26 Howard, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 808 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Inducted

Date and Place of Enlistment

Date and Place Where Drafted Canton, March 6, 1918

Date and Place Where Mustered In or Reported for Duty Mar. 13, '18 Long Island

Give Government Identification Tag Number 636306

Co., Regt., Ship, or Service, First Assigned to and Date Chemical Warfare

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private 1/c

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Long Island, Stamford, Conn

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....March 6, 1919.....

Where Discharged from Service .....Astoria, L. I.....

For What Reason Discharged from Service.....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Clerk.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Jere J. Joyce, Revere, Mass

Name of Mother and Place of Residence.....Nellie M. Monahan, " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....113 lbs.....

Your Height in Feet and Inches.....5' 2"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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